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AUTHOR Lutfiyya, Zana Marie; And Others
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ABSTRACT

This report examines the quality of life for individuals with mental retardation who live in a range of residential service settings in New York, and explores issues related to the provision of housing and appropriate supports. Five settings were studied: (1) an intentional Christian community where three individuals with mental retardation live with four people who are not disabled; (2) a supervised apartment for three young men; (3) a group home for four women; (4) an Intermediate Care Facility for eight children; and (5) 12-person "small residential units" built on the grounds of a New York State institution. The report begins with a section describing the research methodology, followed by a detailed qualitative description of each residential setting. The subsequent two sections provide further description of one or two of the individuals who live in each setting and a mealtime at each. Next is a section which presents the results of a quantitative rating of each program along 42 service dimensions. Concluding comments address the implications of these findings and their relationship to integration and the quality of life for individuals with developmental disabilities. (JDD)

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A QUESTION OF COMMUNITY: QUALITY OF LIFE AND INTEGRATION IN "SMALL RESIDENTIAL UNITS" AND OTHER RESIDENTIAL SETTINGS

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A Question of Community:

Quality of Life and Integration

in "Small Residential Units" and

Other Residential Settings

by

Zana Marie Lutfiyya
Chas Moseley
Pam Walker
Nancy Zollers
Sue Lehr
Jean Pugliese
Mike Callahan
Nancy Centra

Editor: Pam Walker

Study Coordinator: Zana Marie Lutfiyya

Graphics Design: James Knoll, Ph.D.

Consultant: Steven J. Taylor, Ph.D.

Center on Human Policy
School of Education
Syracuse University

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CONTENTS

Introduction. 1

Methodology 3

The Settings. 10

Setting One: Intention Christian Community. 10

Setting Two: A Privately Operated "Supervised Apartment". 21

Setting Three: A Privately Operated Group Home. 26

Setting Four: A Community ICF/MR. 33

Setting Five: Small Residential Units (SRUs). 39

People. 51

Mealtimes 63

Ratings of the Five Settings. 76

Conclusion. 119

Appendix A: Brief Definitions of the PASSING Ratings. . . .121

LIST OF CHARTS

Chart 1. Number of PASSING Ratings Received at Each Level: Setting 1: Christian Community 77

Chart 2. Number of PASSING Ratings Received at Each Level: Setting 2: Supervised Apartment 79

Chart 3. Number of PASSING Ratings Received at Each Level: Setting 3: Group Home. 80

Chart 4. Number of PASSING Ratings Received at Each Level: Setting 4: ICF/MR. 81

Chart 5. Number of PASSING Ratings Received at Each Level: Setting 5: SRUs. 83

Chart 6. Number of PASSING Ratings Received at Each Level: A Comparison Across Settings. 84

Chart 7. A Comparison of Scores by Service Setting: Program Intensity. 86

Chart 8. A Comparison of Scores by Service Setting: Image Projection 91

Chart 9. A Comparison of Scores by Service Setting: Program Integrativeness. 104

Chart 10. A Comparison of Scores by Service Setting: Program Felicity 109

Chart 11. A Comparison of Scores by Service Setting: Overall Rating Summary 116

INTRODUCTION

While the past two decades of "deinstitutionalization" witnessed significant reduction in the population of large, old institutional buildings, at the same time, it has increasingly become apparent that movement out of these buildings is not always synonymous with integration into the community. Integration is not merely the physical placement of people into neighborhoods and communities, but includes social integration and opportunities for positive interactions with nondisabled people. As more individuals with disabilities are moving to smaller residential settings, it is time to focus attention not on the merits of these settings in relation to the institutional ones, but on the quality of life in these smaller settings, the degree to which residents of these settings are experiencing integration into the surrounding neighborhood and community, and the principles and practices that work to enhance quality of life and foster integration.

In 1985, New York State began construction of "small residential units" (SRUs) on the grounds of its state institutions. SRUs are cottages of 12 residents each, newly built adjacent to existing state institutions. To date, 96 units have been constructed at one site, with additional units planned at other locations around the state. The SRUs have been described by officials in New York as serving several purposes, including "community placement." At the same time, however, the state's receipt of Medicaid funds was "in jeopardy" due to

deteriorating conditions in the old institutional buildings; the SRUs helped to upgrade Medicaid compliance at the institution. Construction of the SRUs served as the impetus for this research project, the purpose of which is to examine what the quality of life is for residents of these SRUs. To what degree are people residing in typical, valued settings and experiencing interactions with typical, valued individuals? A second purpose is to examine the quality of life in a range of other residential settings and draw comparisons between them all. What are some of the similarities and differences between these residential services, and what impact do these have on the lives of the people who live there?

The report begins with a section describing the research methodology. This is followed by a detailed qualitative description of each residential setting included in the study. The subsequent two sections provide further description of one or two of the individuals who live in each setting and a mealtime at each. Next is a section which presents the results of a quantitative rating of each program along forty-two service dimensions. This includes discussion and analysis of the rating levels achieved by each program, as well as illustration of these ratings through a series of charts. Finally, concluding comments address the implications of these findings and their relationship to integration and the quality of life for individuals with developmental disabilities.

METHODOLOGY

The purpose of this study is to provide a description of the quality of life for a group of people labeled mentally retarded who are living in a range of residential service settings, and to explore significant issues related to the provision of housing and appropriate supports. To do so, site visits were conducted of five residential settings located in Central New York which represent a diverse cross-section of living environments for people with mental retardation. All are designed to offer support, skills training, and supervision to program residents.

The five sites had a variety of administrative and personnel structures. Sponsoring organizations for three of the sites are private (although they receive public funds) while two are publicly operated. Two of the facilities are licensed as Intermediate Care Facilities (ICF/MRs) (funded through Medicaid), two as "community residences" under the New York State regulations, while the fifth site comes under the regulations as a "supported apartment."

The number of residents with disabilities in each setting ranges from 3 to 12. In addition, these facilities use different staffing patterns, from live-in and "life-sharing," to those based on 8-hour shifts.

Geographical location is yet another factor that was taken into account in the selection of sites for this study. Two of the services are located in rural areas, while three are in an urban setting.

In addition to these administrative and demographic considerations, facilities were selected that offered a variety of programmatic orientations, including those focused on (1) creation of a home-like environment, (2) on skill development, (3) or on caretaking. This study provides a description, evaluation, and analysis of these orientations, and examines the impact each of these programs has on the lives of the people who live there.

Description of the Sites

A brief description of each site is presented below.

Site 1: An intentional Christian community, certified as a community residence, where three individuals labeled mentally retarded live with four people who are not disabled. Two of the nonhandicapped people function as full-time staff, while the other two have full-time jobs outside of the house. The home is operated by a private, nonprofit agency in a medium size city in Central New York.

Site 2: A supervised apartment for three young men. Staff oversee the residents during the day, the evening hours, and overnight. The apartment is operated by a private, nonprofit agency which runs several other apartments and group homes throughout a Central New York county.

Site 3: A group home for four women. The residence is supervised by staff who work in shifts throughout the

day and overnight. The group home is operated by the same agency which runs the supervised apartment described above.

Site 4: An Intermediate Care Facility for eight children diagnosed as mentally retarded. Twenty-four hour supervision is provided by staff who work in 8-hour shifts. The facility is operated by a publicly funded organization which runs a number of residential services in several Central New York counties.

Site 5: Three 12-person free-standing residential units located within a complex of eight such units on the grounds of a large state institution. Funded as ICF/MRs, and operated by the state, these facilities are administratively and programmatically tied to the institution. Staff supervision, based on a shift system, is provided on a 24-hour basis. Located in a small rural community in Central New York, one of the facilities visited served children, one adults, and another adults with behavior problems.

Instrumentation

The Program Analysis of Service Systems' Implementation of Normalization Goals (PASSING) (Wolfensberger & Thomas, 1983, 2nd ed.) was used as a guideline in gathering and analyzing the data. PASSING is a quantitative tool partially derived from PASS (Wolfensberger & Glenn, 1973, 1975). It was designed to assess the quality of a human service in relation to its

adherence to the principle of "social role valorization" (SRV)/normalization. Wolfensberger (1980) concisely defines normalization/SRV as "the use of culturally valued means in order to enable people to live culturally valued lives." He further points out that the most significant purpose of normalization/SRV is to "...create or support socially valued roles for people in their society" (Wolfensberger & Thomas, 1985). In examining the residential services included in this study, we adopted this definition of quality of service and, therefore, quality of life of the residents.

There are forty-two ratings in PASSING, all of which measure the degree to which normalization/SRV is enhanced by the service. PASSING ratings are divided into two main sections. The first is concerned with issues primarily related to the enhancement of the social image of societally devalued people using a human service. The PASSING tool assumes that certain service features can cast specific images onto the users of that service. These features can either positively or negatively affect how others perceive the service participants.

The second major section of ratings focuses on the personal competency development that the program participants receive. This development affects the individual's quality of life in several ways. The more skilled a person is, the better she or he will be able to function and interact in typical social contacts with valued people. In and of itself, personal competency is a valued attribute in our culture. Society is more accepting of people seen as competent. This suggests that the more skills a

person acquires, the more enhanced his or her status and social role will become. Finally, competency development represents the essential mission of most human services.

Designed primarily as an assessment tool of a single service's performance, PASSING is also useful as a comparative measure across a number of service settings. While our visits did not constitute official PASSING assessments, we did attempt to utilize the PASSING tool in a rigorous way in order to examine service practices and their implications for the lives of individual's being served.

Data Collection and Analysis

For purposes of data collection and analysis, most of the guidelines suggested in PASSING were followed. In order to collect data, teams of three to five individuals toured the neighborhood surrounding each facility, as well as the service setting inself. Informal interviews were conducted with residents, direct care staff, and administrators of each service. Observations of the program in operation were also conducted. Each visit lasted from 4 to 6 hours in the late afternoon and early evening and included the evening meal. In most cases, the researchers were not granted permission to review the files of the residents, although staff did describe the "formal" programs in considerable detail. Standard qualitative research procedures were used to compile the information and observations gathered at each site. Those procedures included jotting down important facts during the visits, writing detailed field notes immediately

following each visit, and organizing the field notes so as to effectively rate the various sections of the PASSING rating form.

After each visit, all members of each team met for the conciliation process. Conciliations involved an average of six hours of discussion for each site. Team members were required to have initial ratings on each of the 42 ratings covered in PASSING. During the conciliation process, the team leader (selected through informal agreement among team members) read the detailed instructions for each rating area from the PASSING Manual. Once the considerations and guidelines were cleraly understood by team members, an initial polling was conducted by the team leader. If a consensus was reached on the initial poll, the agreed-upon rating was marked on the PASSING rating form. If there was disagreement among team members, a negotiation process was initiated by the team leader. Each member was asked to describe, with field notes as back-up, the reasons for assignment of a certain rating. The descriptions of ratings in the PASSING manual were used as the benchmark for clarifying differences among ratings. This process continued until consensus was reached.

Preparation and training for the team members was provided by a fellow researcher who had extensive experience with PASSING and PASS, another instrument designed to assess the degree to which programs achieve normalization/social role valorization. Two meetings of approximately three hours each were devoted to the training of team members on the process of observation and rating residential settings using PASSING.

In the case of the one multi-site visit (where three homes in one cluster of twelve were visited), an overall set of levels was assigned. Scores were then assigned for each rating and a single score for each site was derived.

After all sites had been visited and rated, the entire group met and compared the findings from each site visit. The comparison between the five programs is presented in the next section of the report.

In addition to analyzing the settings according to PASSING criteria, the research teams completed observational field notes on each setting visited. These field notes provide a basis for the descriptive sections of this report.

THE SETTINGS

Setting One: Intentional Christian Community

Introduction

This intentional Christian community was established in a Central New York city in 1974. It consists of two houses, one with seven residents with disabilities, the other with three. For this study, we visited the smaller house. The general principles upon which this "community" is based include shared life, Christian beliefs, and the development of "family" for persons who are often without one.

The house is situated on a busy street in a middle-class residential neighborhood amidst other similar homes. Three adults with disabilities and two nondisabled women live here. A family of four - mother, father and twin daughters - spends most of their time at the house, but rent a house next door where they return to sleep at night. The family shares their life in nearly all dimensions with the residents of the house next door, but do not share the same address. It is a modification of the "life sharing" concept, but in the most crucial way--long-term relationships--it does not constitute a deviation.

The governing board of this particular home has added the philosophy of normalization to the original principles of Christian community. The philosophies are not in conflict, and are in fact compatible. The addition of normalization as a guiding ideology provides a framework for routines and

activities which pays attention to the devalued image that people with mental retardation share.

The three residents who are handicapped have degrees of disability which could be characterized as ranging from "moderate" to "severe" mental retardation. The two men and one woman have lived together in this "community" for ten years. All three can speak, with varying degrees of intelligibility and spontaneity. Two people have trouble walking, two have no friends outside this intentional community, and one resident has certain needs including assistance making many daily decisions. The family atmosphere of the home and the respect and dignity with which people are talked about and treated tends to minimize what are serious intellectual handicaps which in other environments would be considered severe and, indeed, justification for more institutionalized living.

Two of the residents were formerly institutionalized and one has no family or other relationships. The "staff" are people without handicaps who have chosen to live in a life-sharing residence with people with disabilities. One has a full-time job outside of the home as a nurse at a local hospital. Another has recently joined the house and is on sabbatical from her work with Catholic sisters. The coordinator of the house is the mother of the twins. She and her husband, who has a full-time job outside of the home, have been with this residence for ten years. As she puts it, "Tom, who is nearly 60, has known no one in his life as long as he has known me."

The residence can be distinguished from others by its committed staff, overarching values, and adherence to principles of normalization. But as will be illustrated in the pages that follow, the resulting appropriate service is accomplished through some very basic priorities and in remarkably simple ways.

Physical Setting -- Exterior

The residence is a moderately large house of the same size and era as the surrounding houses. It is an older home, sturdy in appearance, and recently painted yellow with brown trim. A small front yard precedes the six steps to the front door. All of the features of the house and grounds seem typical and some are enhancing in nature. The country vine wreath on the front door, the fresh flowers visible from the windows, the well-kept exterior all distinguish the house in positive ways. Even the more shabby garage in the back of the house, at the end of the driveway seems typical for the neighborhood.

There are several cars that use the driveway and come and go in the natural routines of the day - to and from work or on errands in the evenings and weekends. The high number of comings and goings from this house, as well as the movement of people between this house and that next door, where the married couple and their twins live, is a factor which detracts from the image of a typical household in this neighborhood. The staff members are aware of this problem, but at the same time, feel that the somewhat transitional nature of this neighborhood allows for such comings and goings to a greater degree that other neighborhoods

might. They may be right, and the awareness of this issue alone places this staff in a superior position to the staff of many other human service settings.

The back yard has a flower and vegetable garden which remind a visitor of a family concerned about beauty and frugality. Near the garden is a small area fenced in with heavy guage fencing and posts. It attracts attention at best, and promotes images of people who need protection at worst.

Despite the fact that the exterior image is not ideal, this house is a house among houses, generally unstigmatized in its external features and in many ways enhanced.

Physical Setting -- Interior

The internal features of a house speak much about the people who live in them as typified by most of us and our interest in furnishings, wall decor, spring fixing up, and kitchen items.

The living room of the house is off the small front corridor. Entering it you have a feeling that you have been there before. It is like many houses of that era in upstate New York and many other places as well. You can see through the living room, past the next room which is the dining room into the kitchen. These three rooms are typical in size and shape. The smell of tomatoes and onions fill the front room.

The living room is furnished in danish furniture which looks a bit heavy and plain, but not unattractive. The stereo dominates one wall. The bay window in the front has two chairs

on either side with an end table between them. A homemade afghan is covering the couch, as upholstery. A coffee table in front of the couch has yellow mums on it. There is also a lazy boy rocker near the stereo. The carpet is not bright and the curtains are also dull. The walls have original oil paintings on them, several of which seem to be by the same artist. There are no knickknacks or keepsakes in the living room. Based on the furnishings and appointments alone the living room is home-like and very typical, but not particularly beautiful.

As you enter the living room there is a corner of shelves full of books and toys with a rocking chair in front. The children's toys belong to the twin daughters of the coordinator who for all intents and purposes "live here." The problem becomes that for visitors, as we were, the first impression is that this house is for children. For the adults who also live at this house the toys are inappropriate and in fact, as we found out later, are not used by them. The issue is a problematic one. In terms of image it may be able to be resolved by adding to the living room items of adult leisure, or having a toy box which can be easily opened and closed for access, but does not dominate the living room so completely.

The dining room is nicely decorated with an antique sideboard and china closet. The large dining room table almost spills into the living room. Again, the walls have paintings and other artists' work. Matching table linens and dishes add beauty to the setting. Pottery and wine glasses on the table add additional positive images.

The kitchen is spacious with typical and familiar appliances and a small kitchen table. Cooking has been going on and there are dishes drying in the drainer and pots simmering on the stove. There are cook books on top of the refrigerator and notes and pictures scattered on the front of the refrigerator with magnets.

Off the kitchen is a kind of back porch, bigger than a mud room but clearly an add-on of the foundation. A large comfortable couch faces a black and white TV with a snowy picture. A long table leaves room enough on either side of the TV for magazines, items dropped on the way in the back door, and on this occasion, hors d'oeuvres. Two boot mats hold 10 pairs of boots - two toddler's and the rest adult.

There are two bedrooms and a bath off the dining room which are almost hidden from view as you walk through the house. Upstairs are three more bedrooms and one bath. It was originally a two-family house so there is an unused kitchen and a large multi-purpose room upstairs which seems to double as an office for the coordinator, space for twin cribs for afternoon naps, and a sofa bed which can be used for visitors. The bedrooms vary as with the individuals who occupy them. Tom's bedroom is sparcely decorated and dominated by tobacco products neatly layed out on his dresser. Every bedroom has plenty of personal storage space in the closet and dressers. Tom's closet has two suitcases on the floor - ready for his next vacation one assumes.

Mike's bedroom is filled with furniture. He proudly showed his visitors hot-air balloon pictures on the wall and

family pictures on the dresser. He has dozens of aftershave lotion bottles to choose from each morning. The furniture is different in each room, but it is all state issued which limits its variability and attractiveness. Mike's closet seems crowded, too, with clothes and other personal possessions.

Beth's room is a different color again and layed out uniquely from the others. She has pretty blue wallpaper and attractive flower curtains and matching bedspread. She told us that she did not have the opportunity to pick out the curtains herself. She has a stereo and a TV in the room. Her dresser top holds several personal items including a Palm Sunday palm and pictures of her brother. The halls and bathrooms are typical family scale. The bathrooms are clean and bright, but one is more recently wallpapered and decorated. A state required fire extinguisher is neatly tucked in a hallway, but the inspection tag dangles as evidence that this is a "service setting," and not a typical home.

Probably most notable of all is the album of pictures on the dining room sideboard. It is filled with the life's events of the people who live in this house. They have been together for ten years and the album traces their travels and other special events, including celebrating holidays in traditional ways. There is continuity throughout the years of people staying together and knowing about that trip to Montreal or that party in '76.

This house is comfortable and is without a doubt a "home." The pace seems active, but not frenetic. Image is damaged for the most part by the fact that it is a state group residence which limits furnishing choices and requires "safety" features such as fire extinguishers. In addition, the second floor is a bit "odd" in its appearance, particularly the presence of the old kitchen area. One person in particular seemed to have very few possessions. However, there was no evidence of image damaging possessions in bedrooms of the individuals with disabilities. The team felt like company at a neighbor's house, interrupting the usual routines for the afternoon and evening. It seemed an obvious sign that a great deal of activity goes on here.

Physical Integration

This service setting provides a rich array of potential and actual opportunities for integration. The house is located in a neighborhood which provides access to neighbors by sheer proximity alone. In addition it is located only a few blocks from an area of banks, drug stores, and groceries.

The street has frequent bus service and is easily accessible from surrounding communities as well. People visit this home often as it is part of a wider community of friends, but also because it is easy to access for visitors such as us.

Social Integration

In their daily lives the disabled residents of this home have a harsh distinction in opportunities for social integration. The day opportunities are so limited in this community that all three residents must attend segregated workshops often doing meaningless or busy work. The staff and the residents are conscious of this inappropriate "work" site and understand the problems in terms of life enhancement and integration.

In contrast, the residents live full-time with nondisabled people who share their home and their routines. In addition they are often hosts for guests, old friends or visitors, and travel to community or distant sites for recreation, religious or other activities. Neighbors are known and greeted in passing, although not frequently interacted with. The number of the residents who are handicapped--three--makes for few problems in attempting social integration. The number is small enough to be assimilated in the community, the neighborhood, and while traveling.

Staff talk warmly of past social events shared by all. People have lived together so long they know each other's interests, fears and desires. The staff is committed to integration, although their commitment to the intentional community itself results in significant social interaction for the disabled residents with other disabled and nondisabled members of this "community"; there is less contact with nondisabled people outside of this "community. Staff are aware of the real advantages of integration, and recognize the lack of

opportunities for this for the residents of this house--both at work and in recreational activities.

Daily Life

Early in the morning the house is busy with the activities of the different individuals getting ready to leave for work. Debbie, who is living temporarily in the house, packs Mike's lunch as he eats breakfast. Tom and Beth made their lunches the night before and are just finishing their morning meal before leaving to catch the bus to go to the sheltered workshop. Mike, like the others, will also take the city bus to the workshop, but he needs assistance crossing the street to catch it.

At about 3:30 the three individuals leave their respective programs to pick up the bus to return home. In the two or three hours before dinner, they get cleaned up, and maybe do some household chores, such as the laundry or light cleaning. Tom settles down in front of the television to watch a program before dinner. He likes television, but only channel five. Beth talks to a friend on the telephone. As the different residents do their different things, the house begins to fill with the aroma of dinner being prepared in the kitchen. The house manager does most of the cooking. She is an excellent cook and everyone looks forward to her meals. A little after 5:00 one of the other nonhandicapped "assistants" comes home from her job as a nurse at a local hospital. She, like the others, gets cleaned up for dinner and then comes out into the

kitchen to join in the conversation and talk about her day. The house manager's husband arrives home from his work at a local agency that runs residential programs for people with developmental disabilities. He greets everyone and especially his twin daughters.

Dinner is ready around 6:00 and everyone files into the dining room and takes an accustomed seat around the table. In the evening everyone does different things; there are more chores to be done, perhaps a trip to the grocery, and individual activities to pursue. Bedtime is a matter of personal choice and varies with each person. On the weekends people may go to a nearby park, visit their natural families, work in the garden, go shopping, look forward to someone coming over for dinner, visit with friends, usually other members of the intentional community, or attend social events in the larger community.

Skill training or goal plans are performed within the context of the everyday activities that go on in the house. Although the training appears to be directed more at helping the person to deal with his or her current environment rather than in the skills and behaviors necessary to move to a less restrictive one, people are learning and thriving in the home. The philosophy of this service agency is to establish a home where all of the members of the community can live together, rather than to provide a series of services to move people along a continuum. Many of the basic chores and responsibilities of the house, such as meal preparation, shopping and the scheduling

of activities seem to be performed by the staff with residents assisting when asked. People seem relaxed and contented.

Setting Two: A Privately Operated "Supervised Apartment"

Introduction

This apartment site is administered by a private, non-profit service agency. It was established approximately three years ago as a "staffed apartment model." The apartment is part of a larger complex of about 8-10 buildings, each containing approximately eight apartments. The complex is surrounded by single family homes. The agency program occupies one three-bedroom apartment. Three men--Jim, Dave, and Ron--reside here permanently; all are in their mid to late twenties. One live-in staff person also resides here. The site visit took place on a week day from 3:00 - 7:00 in the afternoon.

Physical Setting -- Exterior

The middle and upper-middle class homes surrounding this apartment complex are freshly painted and yards are neatly landscaped. Two parks, a school and a small funeral home constitute the remainder of the immediate neighborhood. Within about a mile's walking distance is a shopping plaza and numerous types of small businesses.

The apartment buildings look as though they were recently renovated. They somewhat resemble modern-day condominiums. The outside is constructed of brick with newly painted wood trim. The landscaping is impeccable, with lawns freshly cut and shrubs trimmed and clipped. There was a swimming pool, a small building that looked like a clubhouse, and an office staffed by the owners of the complex. There were no lawn chairs in sight, barbeque grills or sectioned-off yard areas where each personal possessions might be placed. The surrounding houses had driveways that provided off-street parking. On-street parking is available here, although the apartment complex also includes an underground garage.

The entrance to the apartment was clean and well-maintained. The mailboxes in the hallway bore the last names of the inhabitants of each apartment. However, the mailbox for the agency apartment stood out. It included the agency's name; the title, "Director," followed by the Director's name; "Assistant Director," followed by that person's name; and "Residents," followed by the names of the three men with disabilities who live here. This drew unnecessary attention to this apartment as a "program" rather than a home.

Physical Setting -- Interior

The interior of the apartment resembles a typical efficiency unit. The living room, eat-in kitchen, and the hallway that leads to the bathroom and bedrooms are visible from the front door. To the left of the door is a small coat closet.

To the right is a small closet with an apartment-size washer and dryer.

The kitchen contains ample cupboard and counter space, and lots of canisters, spices, and other items typically found in any kitchen. In the open corner of the kitchen sat a round table with four chairs. An awkward beam protruded from the ceiling to the floor which resulted in one chair placed in an isolated fashion at the table away from the other three chairs. The set-up was crowded for the four people usually here at meal time, and would not easily accommodate dinner guests.

The living room was furnished with a sofa, loveseat, chair, foot stool, and television set. In addition, there were some plants and pictures located here. Photos of two of the men who live in the apartment were on top of the television set. The upholstered furniture was slightly faded and worn. Two empty styrofoam cups were on the floor next to a chair, along with some old newspapers. The television was on constantly. As the men came home from work, they sat in front of it and relaxed before dinner.

A small corridor leads to the bathroom and three bedrooms. In one corner of the corridor is a shelving unit with novels, textbooks, and some family pictures belonging to the men who live in the apartment. The bathroom was clean and consisted of a sink, toilet, tub, and shower. All bathroom gadgets were typical of those found in a bathroom in any apartment.

Two of the men, Dave and Jim, share a bedroom. Ron has a single bedroom and the staff person sleeps in the third bedroom. The staff bedroom has a single bed, desk with papers and notebooks on it, and a lamp. There was no evidence of "client records" file cabinets, medicine closets, and the like. The bedrooms were highly personalized and filled with the men's possessions--calendars and pictures on the walls, radios, stereos, and so forth. Beds weren't made--not an unusual sight in a "bachelor pad."

Overall, the interior of the apartment is reasonably comfortable, clean, and attractive, and seems a pleasant place to live. However, the size of this apartment is too small for the three residents as well as a live-in staff person.

Program Physical and Social Integration

The location of this apartment provides the three men with a perfect opportunity to participate in the local business community on a regular basis. Sometimes they shop there with staff assistance. Dave, Jim, and Ron all have bank accounts and conduct their banking at the end of each week. A staff member supervises and assists with this activity.

The three men go out frequently, although they socialize primarily with other handicapped people. In addition, they go to many places and do many activities as a group. For instance, they all jog one night a week at a local recreational program for people with developmental disabilities. All have participated in cooking classes at a local adult education program for people

During our visit, there were six staff on duty, all women, ranging in age from mid-20s, to late 40s or early 50s. A number of times, we were told that this number of staff was unusual, and that there are usually about three staff on at this time of day. Staff are hired from the local area. Some have been here a few years, and others for less than a year. They seemed to like their work, and display a genuine care and concern for the residents of the house.

Program Physical and Social Integration

The house is relatively isolated, situated on the outskirts of a small town in a predominantly rural area. The only immediate neighbors live in a house next door. Across the street and down the road a few hundred feet is a public school. Residents and staff can walk across the street to watch baseball games at the school playground. There is no public transportation, and residents rely on staff driving a house vehicle to utilized local resources and services.

During the week, the residents of this house go to school at the local, segregated BOCES program. In addition, each resident gets out into the community approximately two or three times per week -- perhaps to go out to dinner, for ice cream, on a picnic, and so forth. Staff vary who they take each time so that everyone gets equal opportunity to be out. Two of the residents belong to a Boy Scout troop, although they are slightly above the age limit. According to staff, this is an activity that they enjoy tremendously. Some of the other residents go

with disabilities. They also attend dances for people with disabilities. One man has a girlfriend at a group home in the city. He also attends a community church service once a week. A staff person drops him off and picks him up an hour later. Finally, all three men work at sheltered worksites with other handicapped individuals.

Dave and Ron both have frequent contact with their families by phone and on weekend visits. Jim's parents live in Florida now. He keeps in touch with them by telephone, and just recently returned from a visit with them.

Daily Life

On the day of the visit, Dave, Jim, and Ron arrived home from work between 3:30 and 4:00. Each carries his own key for access to the apartment. All were dressed in casual clothing approrpiate to their work. Three people comprise the staffing pattern for the apartment. We met one young man, Dan, on duty the night of our visit. Dan is about the same age as the residents, perhaps a few years younger. He works here two overnights and one day.

Dinner was early, about 5:30, since they all went running after dinner. While Dan prepared dinner, he both encouraged the men to converse with us as well as prompted them to do a few chores. The TV was on, and when not otherwise occupied, the men sat in the living room. With Dan's encouragement, Jim showed us pictures of his trip to Florida. Dave called his family home for a brief chat with his parents. Following this, he took the

garbage out. At Dan's request, Jim set the table for dinner. When asked about other chores, Dan replied that there were some. He explained that the men do their own laundry with assistance, and one man cleans the bathroom. Throughout dinner, Dan's interaction with the Jim, Dave, and Ron seemed positive.

Although he clearly identified himself as a leader among them, Dan constantly referred to the three men as "the guys," or by their first names when he addressed them or spoke to us about them. The match between Dan and the three men in this apartment seems favorable, and they all seem quite comfortable in their home.

After dinner, everyone changed into running gear for the trip to the field house to go running. All four men wore shorts, T-shirts, running pants, and sneakers. By about 6:30 they headed to the agency car for this outing.

Setting Three: A Privately Operated Group Home

Physical Setting -- Exterior

This house is located on a main street in the northeast section of a medium-sized city. Most of this section is a working class/middle class neighborhood of 1920s vintage. Single residences are interspersed with two-family units containing upper and lower flats. The house is seven doors from the busy intersection of a major street. From the front of the house one can see a traffic light, a used car lot, an ice cream

store, and a restaurant at the corner. Homes are close together with approximately sixty-foot frontage. Some of the houses on the block are beginning to show signs of age: peeling paint, cracked steps, missing shingles, and the like, although in general, the houses in this neighborhood are well-maintained. The group home, typical in design of neighboring houses, is one of the more well-maintained on the block. Newly painted in gold-accented-with-terra cotta awnings, and white and terra cotta wood trim, it boasts new aluminum storms and screens on all the windows. According to the director, extensive renovations were done to upgrade the house and comply with building codes for group residences.

The front of the house, separated from the sidewalk by a small grassy plot, is dominated by an enclosed sunporch that runs the full width of the house. One ascends a few steps to enter the front storm door. Those walking by on the sidwalk can glimpse a pleasant seating area through the windows.

A narrow blacktop driveway branches out to the back of the lot from a driveway shared by the neighbors on the left. It leads to a two-car garage located in the small yard. This houses storage boxes, the lawn mower, garden tools, along with a boat trailer belonging to the owner of the house. To the left of the garage, on a small grassy plot, is an aluminum storage shed.

The tiny back and front lawns are cut, but grassy strands remain untrimmed around foundations and hard-to-reach areas. There are a few overgrown rose bushes and wild strawberry plants next to the garage. The Director mentioned plans to plant a garden someday.

One of the most pleasing aspects of the exterior is the attractive back deck. Originally less than half the size, it was expanded to the full width of the house to meet fire codes by providing a drop from the upstairs windows. Constructed of high quality wood, it is trimmed on all open sides and stairs with a lattice railing. A new round white plastic table with a blue umbrella and four, white plastic chairs with matching blue cushions provide an inviting seating area.

Physical Setting -- Interior

On the sun porch, there are two couches at either end, one a fairly new brown and beige herculon striped, and one an aging wood settee, painted a bright yellow with newly upholstered dark green flowered cushions. Two new white wire mesh garden armchairs are against the back wall facing the street. Several limp plants, some hanging from macrame holders, and some wilting flowers in vases are around the room.

One enters through the front door directly into the living room. Somewhat dark, it has a window to the right and a window looking out to the sunporch. This room, approximately 12' x 12', has a television with a VCR, two couches, an exercise bicycle, and an easy chair with a telephone on a side table. No reading

material is in evidence. Several pillows of various designs and colors are on both couches. There is a brown industrial tweed rug on the floor. Knickknacks are on tables and shelves. Many pictures are on the walls, depicting cats, colonial scenes, and others. Here again are limp plants, a few in macrame hangers. The rooms seem to be somewhat cluttered but the decorations do not seem inappropriate or atypical.

A door to the left leads to a small office. There is a desk, a bulletin board filled with notices, and an upholstered chair in this room. A bookshelf contains large blue notebooks identified with the residents' names. Papers were piled on the shelves. At the rear of the living room is a tiny hallway accessing a bathroom, dining room, kitchen closet, and stairs leading upstairs.

The downstairs bathroom appears to have two sections, as if it had been constructed from two closets. The toilet is on a small old, wood pedestal about three inches off the floor. There is a new attractive formica vanity and mirror. Many cosmetic bottles and containers are on the top of this or on the high wicker container placed next to it. A heavy coat of dust covers the wickercoat. A new peach scatter rug is on the floor in front of the tub, which is located in the back section of the room. The linen closet shelves are bare with the exception of soap and a few washcloths.

The dining room is furnished with a formica butcher block table and high quality mesh-backed chairs on rollers. The bare wood floor is newly refinished. There are two pictures on the

wall. A bookcase contains a few puzzles and games on a shelf. Most of the shelves are empty.

The kitchen was upgraded with walnut formica cupboards, a formica counter top and stainless steel sink. Near the window there is a modern butcher block table with four chairs. The refrigerator door is crowded with awards, notices and a job chart now unused that was drafted when the home was first occupied. Pictures and hanging plants dominate the back wall and window.

The upstairs stairwell and hallway are covered with dark wood paneling. The small hallway leads to the four bedrooms and another full bath. A strong smell permeates this bathroom. The director said that she uses only the downstairs bathroom because one of the women has "accidents." This woman is not allowed to use the downstairs bathroom.

One of the bedrooms, that two of the women share, has two twin size beds. One room belongs to the director; the others are single rooms. All of the rooms have pictures--many of family members--, knickknacks, attractive spreads, and so forth. All have dressers. Some have clock radios, TVs, or tape recorders. The closets seemed to contain many clothes. The residents seem proud of their rooms and anxious to point out family pictures or prized possessions.

Program Physical and Social Integration

This group home is located in a suburban, residential area with many neighbors in the surrounding homes. The houses are not fancy, but are neat and of average size. Trees are scattered on both sides of the street.

The residence is located less than one block from one of the major roadways leading downtown. There are numerous small businesses along this street. This provides the four women who live here with a perfect opportunity to patronize these services and resources on a regular basis. After dinner, one of the women stood on the front porch of the house and pointed to a small ice cream parlor at the corner of the street. She obviously wanted to walk there and get an ice cream. When we asked the staff person if she could go, we were told that she would have to wait and go with her roommates and staff. Other nearby businesses include dry cleaners, bars, pubs, clothing shops, small restaurants, and the like. According to the staff, one resident can go to the corner variety store alone. She is given a list of needed household items by the staff person and the necessary amount of cash to pay for them. Since the store owner knows that she lives at the group home, she is provided with extra assistance, when required, at this store.

The residence is easily accessible by bus. As a result, the residents of this house could easily travel to other parts of the city. However, when asked, the staff person said the residents did not use public transportation.

The women primarily socialize with one another and with other handicapped persons. They all work at the same sheltered worksite. Since one staff person is on duty for four people at the home, leisure activities usually take place in a group. One woman is allowed to travel somewhat freely around the neighborhood. However, the other three women are grouped together and constantly supervised, although one of the women appears to be capable of becoming fairly independent in a short period of time. The four women attend church together as well as cooking classes at a local program, dances for people with disabilities, running at a recreation program with other service consumers, attend summer camp with other service consumers, and so forth. One staff member reported that her family and friends visit and participate in activities with residents of the house.

Although staff members indicated that relations with neighbors were positive, there seems to be little actual interaction that takes places. The women are sometimes included, as a group, by one staff person, on various outings and get togethers of her family and friends.

This program is distinguished by a live-in staffing arrangement. Instead of shifts of people coming into the house, one woman lives there full-time, except on the weekends.

Setting Four: A Community ICF/MR

Introduction

This eight-bed ICF/MR (Intermediate Care Facility for the Mentally Retarded), funded through Medicaid, is located in one of five counties served by the State Developmental Services Office (DSO). The county containing this ICF/MR is largely rural. The home itself is located within a village having a population of approximately 1,621.

This ICF/MR facility was opened in 1982 -- a project that took two and a half years from start to completion, with an actual construction time of one year. It was originally planned to accommodate 10 residents, but at the urging of the state director of services in this county, the size was reduced to eight, plus one respite space.

Physical Setting -- Exterior

Driving down the street toward this house, one's attention is first drawn to the large parking space on one side. At 2:30 in the afternoon, this lot was filled to overflowing with 12 or so cars and a van, while others were parked along the edge of the driveway and by the side of the road. The house itself is a large, one-story, yellow-brown structure. However, due to its placement on the lot, it does not appear as abnormally large in size. An unusual, striking feature of the house is the walkway across the front of it, which is covered with a wooden roof including large beam-type vertical supports and horizontal cross-

bars. The large parking lot coupled with this front walkway create an image that is more office- or business-like than residential in nature.

There is significant yard space both to the sides and back of the house. One gets no indication, from the exterior, that this is a home for adolescents. Out of view from the road, or one side of the house is a patio with a picnic table; on the other side a small fenced-in yard with a chair swing.

Physical Setting -- Interior

A walk through the short entranceway brings one in view of the kitchen/dining area to the left; the living room and a hallway straight ahead; and an office and a small backroom to the right side. The entranceway is marked by a red "Fire" exit sign, and the passage to the dining area contains a set of fire doors with metal bars. The house is also equipped with a sprinkler system, smoke alarms, and built-in fire barriers.

The kitchen includes two large refrigerators and a freezer. The sink, stove, and much of the counter space are not wheelchair accessible, except for a small portion of the counter which is accessible from either the dining room or kitchen side. At one end of the kitchen (opposite the sink), a wall contains storage cabinets from floor to ceiling. One entrance to the house, through the garage, is located in the kitchen, and is used by the residents as they arrive home from school. The dining area contains two medium-sized wooden tables, with four chairs at each. Both rooms appear neat and clean, and curtains and

pictures on the wall add some color. The abnormally large size of this dining area as well as its furnishings create an atmosphere that is more "semi-institutional" than "homey" in nature.

On the other side of the house are two small offices side-by-side, each containing desks, telephones, and a large number of notebook binders filled with individual resident information and other records. Just outside these offices is a "waiting-room" with a small couch and a few chairs. From here, one can exit the house onto a small screened-in porch, referred to by a staff member as a "therapy room." This porch contains an "exercycle" and a bean bag chair. At the opposite end of the waiting area, near the main entrance to the house, is a small bathroom. This bathroom contains an institutional-type metal scale with a chair attached.

The house has a large living room composed both of space that was originally intended as living room area as well as adjoining space that was initially planned to be another bedroom. However, the wall was removed and this is now an extension of the living room, though the furniture arrangement and carpeting sets it off as a smaller, somewhat separate space. In the larger living room area, there are two couches facing each other, two easy chairs, a few end tables, and a television set. The walls in this area are bare, and the tables are free of any objects or materials. Through windows and sliding glass doors, one can look out onto a patio and the yard beyond. The smaller end of the living room contains a small couch and a chair. Along

the wall is a shelf unit containing photographs of three or four residents, as well as a stereo system. An aquarium is in one corner. At this end of the room, there are some pictures on the walls.

Beyond the living room, the hallway contains a set of fire doors with metal bars. Also, at various locations throughout the house, there are large red exit signs near doors leading outside. Hallways are wide -- according to regulations they must be wide enough to accommodate two wheelchairs side by side.

Off the hallway to the right is a laundry room containing two washers and two dryers, and a small space for folding clothes. To the left side of the hall, beyond the living room, is a bathroom that was originally meant to have only a jacuzzi in it. Instead, it is occupied by a hospital-style thereapeutic bath, a toilet, and a sink.

Beyond this bathroom, the hallway turns at right angles in both directions, at this point now in the bedroom area of the house. A small house plan marked with designated fire exit routes is posted on the wall here. Also on the wall in this hallway is a large portrait-size photograph of one boy who lived in this house but was placed back into the developmental center for medical reasons. Around the corners of the hallway both to the left and the right are two more bathrooms. Both contain accessible sinks, grip bars around the toilets, and one also includes an accessible shower stall. Both contain some personal items such as towels and toothbrushes.

In this part of the house, there are four double bedrooms and two singles, one of the latter being used for space to provide respite. The four double rooms include colorful bedspreads and curtains, and are personalized to varying degrees --some minimally and others moderately--including stuffed animals, family pictures, a crocheted afghan blanket, and so forth. The overall image of the bedrooms is one in which staff have attempted to brighten up the place through the colorful decor. It appears that the residents of this house generally have few possessions of their own. As needed, some of the beds were equipped with wooden sideboards, which fold down and are concealed by bedspreads during the day, but can be fastened in an upward position at night to prevent rolling out of bed. The respite room and the other single room have tile floors, rather than the carpeting which covers the rest of the bedroom and hallway area.

Residents and Staff

Eight residents, ranging in age from 11-21, all labeled "severely/profoundly retarded" live in this house. According to staff members, four are nonambulatory; all are nonverbal; and none are toilet trained. According to regulations, an individual must move out of this home and into one for adults when he or she reaches 22 years of age. Two of the people in this house will, therefore, be required to move in the near future.

swimming at the local YMCA. Finally, about five of the residents have contact with their families once every few weeks. Other than the above contacts and community participation, the residents of this house do not have other significant friendships or relationships in the community. Their interactions, other than contact at a store or restaurant, are primarily with staff and other people with disabilities.

Setting Five: Small Residential Units (SRUs)

Introduction

"Small residential units" (SRUs) is the terminology used in New York State specifically for "group homes" which are being constructed on the grounds of state institutions. The setting utilized for this study is located at a developmental center on the outskirts of a small, rural village in upstate New York. At this site, there are eight facilities each occupied by 12 persons labeled mentally retarded.

History

The red brick buildings remain at the institution--some still occupied, others vacant. Three cottages, built perhaps in the 1930s or '40s for about 15-20 residents are unoccupied and await the bulldozer. Situated amid these older buildings are a more recently constructed school and administration building. In the past few years, depopulation of some of the older residential

buildings at the institution has occurred as the result of federal "look behind" surveys of Medicaid-funded facilities.

Down the hill, to the south, is a newer, single-story facility, for elderly residents of the developmental center. Beyond this there is a grassy meadow, followed by the site on which the eight SRUs were constructed. In this area, the old farm colony residence remains, a cobblestone farmhouse. It has since been renovated and is now used as a community intermediate care facility (ICF/MR) by the Developmental Services Office (DSO). The SRUs run in a semi-circular fashion around it -- a one-way street with an entrance to the north of the old farmhouse and an exit just south of it.

Physical Setting -- Exterior

The eight facilities are large, modern, single-story structures, identical in their H-shaped design. Colors alternate between a blue-grey and a yellow-brown. From a distance, they appear as any new housing development might. When compared to the previously constructed housing development across the street, however, they are in fact much larger and more costly homes. Overall, while there is nothing significantly attractive about the appearance of these small residential units, they are not unattractive either. Upon closer examination, there are some external features which are distinctly atypical. Garages, which are attached to the houses, are of greater height than usual and are designed to accommodate only one vehicle -- a van. Driveways and garages are not used for parking; instead, staff and visitor

cars are parked in the parking lots between houses, which have space for approximately 12 vehicles.

The roadway is marked by a roadsign at its intersection with the main road. One-way arrow signs and 5 mile-an-hour signs are placed at intervals along the way. Tall street lamps stand by the side of the road and by each house is painted a white crosswalk extending half-way across the road. The housing development across the main road contains rows of mailboxes for the residents. Within the complex itself such mailboxes are not present. Landscaping is minimal. Lawns are mowed and well-kept, but shrubbery is sparse and garden flowers are not evident. In front of one house is a small evergreen tree with plastic Easter egg ornaments on it. Behind one house is a basketball backboard and hoop set in the middle of the lawn.

In terms of the program's image and physical setting, however, the most significantly negative aspect of these SRUs is their location together on the grounds of a developmental center, which is typified by both physically large, institutional buildings as well as a long history of isolation and segregation of large groupings of people labeled mentally retarded.

Physical Setting -- Interior

Coming in the front door, one passes through a short foyer which includes pegs in the wall on one side to hang coats. The house has an H-shaped design, with one hallway running the length of the house and two others, on either end, perpendicular to the main hallway. Hallways are noticeably wide -- state

regulations mandate that they be wide enough for two wheelchairs to pass. Throughout this house, there are large red fire exit signs as well as a sprinkler system.

The kitchen/dining area is strikingly large. The kitchen contains two refrigerators and two stoves, and includes ample cabinet storage space and counter top space; cabinets are locked. With the exception of a large coffee service and a set of cannisters, the counters are bare and the appliances appear to be exceptionally clean and unused. Adjoining the kitchen, the dining room is furnished with three dining tables (with seating space for four people at each), and a hutch containing dishes and glassware. Off the kitchen, at the back of the house, is a spacious screened-in porch with a picnic table.

Common rooms include a small living room (with a small couch, end tables, lamps, three chairs, and a television set) and a rec room (containing another small couch, two chairs, a stereo system, and an aquarium). Furniture is comfortable, and two or three pictures hang on the walls of each room. In the hallway adjacent to the living room there is a collage of photographs of staff and residents of the house. Books and/or magazines are not evident in either room.

There are seven bedrooms -- two singles and five doubles. In addition to beds, each person has his or her own bedside table, a dresser, and closet. Rooms are decorated with colorful comforters and curtains. Two or three pictures hang on the walls of each room. However, there is little evidence of personal possessions -- an occasional stuffed animal on top of a

dresser, a television, or a needlework project completed at the day activity center are all that is apparent. Some beds have side panels which can be fastened in an upward position to prevent falling. In some cases, these remain in the "up" position during the day.

There are three bathrooms, all of which are wheelchair accessible. In one bathroom there is an accessible shower stall; in another, a whirlpool bath. All bathrooms contain institutional-type soap dispensers, and one has an upright bathroom scale.

Finally, there is an office, including a desk, chairs, and a file cabinet. Here, resident records are kept in large binder notebooks with their names of the spine. Next to the office, the laundry room has two washers and two dryers. And, beyond the laundry room, there is a small clinic room used for storage and dispensation of medications.

Variation between Houses

From one house to another, there was minor variation in this basic description. For instance, the two homes for children included more colorful, personalized touches (i.e., cloth rainbows and balloons on the walls). These homes were also equipped with waterbeds for each child, due to severe medical involvement of many of them. The home for people with challenging behaviors was stark, with fewer pictures on the walls and no acquarium.

A repetition from one house to another is apparent -- of similarity in design, furniture style, decoration. An aquarium was present in every house (with the exception of that for people determined to have challenging behaviors). Overall, there is a distinct lack of individualization of the homes, due to the similarity from one house to another as well as the near absence of personal possessions. While the homes are nicely furnished and comfortable, the architectural style combined with the lack of personalization creates an atmosphere that is more institutional than home-like.

Residents

Twelve people with developmental disabilities (both male and female) live in each house. The range of disability is from moderate to profound; some people are ambulatory, while many are not; and some of the residents are verbal, while many are nonverbal. They are grouped in the eight houses according to the following categories: "children," "adults," "seniors," and "behaviors." In one of the children's homes, the age range is from 4 to 11 years; in the other, the range is from 13 to 21. At the age of 22, an individual is required to move out of a children's SRU and into an adult one. (For one young adult in the small residential units, turning 22 presented the possibility of having to return to the larger institutional facility "up the hill" if there were no available community placement openings.)

Language used in reference to the residents, while not explicitly derogatory, suggests some negative images, stereotypes, and lack of acceptance. For instance, one administrator referred to people with mental retardation as "products" to be "marketed." People who are seen to have challenging behaviors, put together in a separate house, are referred to as "behaviors" or, on one occasion, "rowdies"; members of our research team were advised to "keep your sense about you" in this house. Often, residents are spoken about, rather than with, or to, in their presence. In one instance, a comment was made in front of one young boy, "He has a degenerative disease. He used to be normal, but he's dying now." And in the presence of another young boy: "We didn't think he was going to last this long."

Staff

Staff range in age from mid-twenties to mid-fifties. Most are women (though the home for people with challenging behaviors employs a greater proportion of male staff than others). Dress and appearance is generally neat and casual.

All staff previously worked at the larger institutional buildings. Positions at the SRUs were filled through an open bidding process at the developmental center. For the staff, in comparison to the large, old institutional buildings, the small residential units are a much more pleasant environments in which to work.

As a result of their past work experience, as well as the continuing and strong connection of the SRUs to the main facility, the role that staff play in the small residential units seems to be primarily a supervisory or custodial one.

Program Physical and Social Integration

Located on the grounds of the state institution and clustered together (a total of 96 people labeled mentally retarded) on a street of their own, there is no physical integration into the outside neighborhood or community. Being located in a small town, the range of community resources is limited. In addition, however, residents of the SRUs make no use of the resources that are available to the general public (such as public transportation, stores, and health services), and have little opportunity for contact with nondisabled people in the community. Also, all residents of SRUs attend day programs in segregated, sheltered settings, to which they are transported by developmental center vehicles. Although the small residential units are relatively accessbile to the public, people would have little if any reason to pass through the area, since there are no community services or resources here that they might use and the road through this housing development does not lead anywhere.

There is virtually no social integration of residents of the SRUs into the surrounding community. Since the residential environment and the vocational settings are segregated, and almost no use is made of community services and resources, people

living in the SRUs have almost no contact with nondisabled people (other than staff), and therefore little opportunity to form acquaintances and friendships. In one house, afternoon and evening outings consisted of van rides (with the van filled to the capacity of six people each time). In another, the last trip out into the community had occurred three weeks previously, and involved six people going to dinner. Thus, it is apparent that when people do go out, they do so in large groups-- which is likely to attract negative attention and is not conducive to fostering personal contacts with nondisabled people.

Besides regular staff, foster grandparents for the children, and occasional church group volunteers, the only other opportunity for relationships for residents of the SRUs is with family members. For a few individuals, children in particular, the staff reports that family contact has increased as a result of the move out of the larger institutional buildings and into the SRUs. However, for most residents, there is still very little if any contact with family. In one house, the person who was characterized by staff as having the most frequent family contact did so every six months or so.

At the same time that there is virtually no physical or social integration of residents of the SRUs into the community, there is little if any effort by staff to increase this contact, or concern among staff or administration that this is an issue or a need. One administrator expressed his opinion that, with respect to integration, what is important are attitudes, acceptance, and involvement, but that "location doesn't

matter." Also, when asked about community integration, one staff member commented: "We are the community."

Daily Life at an SRU

Waking up between 6 and 6:30 a.m., half of the residents are bathed in the mornings before work (the other half bathe the evening before). Breakfast is served, and residents ride in a developmental center vehicle to their day treatment and day activities centers. Some staff from the homes accompany residents to work and remain at the worksite throughout the day. Lunch is served here cafeteria-style.

By 2:30 p.m., the day program is over and people return to their homes. Here, they sit and watch television or listen to the stereo until dinner time. (In the house for people with challenging behaviors, half of the residents go for a daily van ride before dinner; the other half go afterwards.)

While the staff at the SRUs now do their own cooking, at the time of the visit meals were transported from the developmental center. Dinner is served at 5:00 p.m.

Immediately after dinner, residents begin preparing for baths and bed. Some people go directly to bed; others get into pajamas and come into the living room to watch TV. Nine o'clock is the official "lights out" time, although according to staff this is not always rigidly adhered to.

On Saturdays and Sundays the meal schedule varies from that during the week. Brunch is served at noon; dinner at 4:00; and an evening snack at 8:00.

The daily schedule is very routinized -- for example, there is little flexibility in terms of bath schedules or meal times. The weekend brunch was a new idea at the SRUs this year; it now occurs regularly every Saturday and Sunday. Kitchen cabinets are locked and not accessible to anyone wanting a between-meal snack.

Free time after work, in the evenings, and on weekends is spent watching television, listening to the stereo, or sitting idly. There is very little active programming in these homes. Residents do not participate in housework (cleaning, laundry, etc.) or shopping (grocery, clothing, incidentals); assistance in skill acquisition and development is not emphasized. One staff person commented, "Our kids don't learn.".

The routine lack of programming and of resident participation in household operation and duties creates an institutional environment. When asked about resident participation in chores, one staff member admitted that it was "quicker if we do it ourselves." This same staff person, when questioned about residents being in pajamas by 6:00 p.m., stated that it was "an institutional habit."

Conclusion

Patterns of life at the SRUs are very routinized and lacking in variation; services (medical, social, vocational, and household and property maintenance) are obtained from the institution--little or no use is made of community services and resources; and residents of the SRUs have virtually no contact

with nondisabled people from the surrounding neighborhood and community. The working environment here is much more pleasant for the staff who came from the large old buildings; they refer to the cottages as their "homes." Yet, the daily life, activities, and interactions for the residents who are disabled have not been significantly transformed by this move.

PEOPLE

Who lives in group homes? The places described in this report--the group homes, the apartments, the SRUs--are "home" for people who are mentally retarded. Saying that tells us little about the residents of these living arrangments. The following section describes some of the people who live at these places.

The people with mental retardation we met who were living in the residential services we studied are like most people--they have a wide variety of needs, interests, concerns, ideas, and personalities. A few of these people are described below.

Christian Community: Tom

Tom has not had an easy life. He was raised in institutions for most of his 62 years. He has never had a job, only placements at sheltered workshops. As a consequence he has few friends and acquaintances, he is very poor and has few possessions, and has seen very little of the world. In this way, he is a lot like other people with mental retardation; years of institutionalization and idleness create a life of poverty and loneliness. His life now with people who have made a lifelong commitment to live with him, has enriched his circle of friends and broadened his travels.

Tom still prefers to sit quietly however. His cigarettes and his catalogues are never far from his side. But Tom is also part of a busy and active household. Uninitiated by him, familiar people stop by often, attend parties at his house, take

him to events at other houses. Sometimes people stop by just to see him. Despite his impoverished experience with friends, Tom is very likable. He chats on about many things including his pipe collection and his dislike for the sheltered workshop. He would like to retire--a word unfamiliar to the human service system. But the peope who live with him are committed to helping him retire now that he is nearly 62.

Tom has some trouble walking, but his age makes the disability appear related to getting older. He does not understand everything that is said to him. He is not always understood, either, by new people to the house, and the staff have to translate some of the dialogue. Tom likes to watch TV, but he never changes the channel. He came to the house with a number of routines and patterns of behavior which were incompatible with household routines. When he first arrived at the house he would get very angry at some requests to comply, and would leave the table, holler out, or one occasion, become physically aggressive. Over time, he has learned to adapt his routines and preferences somewhat, and while he may still get angry at times, he hardly ever yells or becomes aggressive.

Tom is a valued member of this household. He sits at the head of the dinnertable every night. He is responsible for selecting the person who will say grace before the meal. Before eating he casually takes a few pills which have been placed in a small glass in front of his plate. He then helps himself to food as the dishes are passed around the table. He finishes first and

leaves for a quiet cigarette in the living room. He chuckles a little at the three-year olds who are playing near his feet.

The Apartment: Jim

Jim, a young man in his late twenties, was the last of the three roommates to arrive home on the day of the site visit. He has Down's Syndrome, and would probably be labeled as moderately mentally retarded. He was also the most animated of the three. He opened the apartment door with a key, walked in, and waved to us. The staff person, Dan, introduced us and Jim approached each one of us to shake hands. He went to his room, changed into shorts and a Mickey Mouse T-shirt, then sat on the couch. Dan then suggested that he show us his pictures from a recent trip to Florida to visit his parents, who are now retired and live there. We went through all the pictures. Along the way he pointed out his parents and various sites at Disney World. After we were done, Dan asked Jim to set the table. He put his pictures away and went to the kitchen to help out.

Jim's day starts at about 7:00a.m., when he gets up, make his own breakfast, fixes a lunch for work, and then travels by taxi to the sheltered workshop. He arrives home from work at about 4:00p.m. In the late afternoon and evening there may be some chores to do--his laundry, house cleaning (Jim is responsible for cleaning the bathroom, as well as his bedroom), setting the table, and on occasion helping to fix dinner. There is time to sit and relax, or watch television. Some evenings there are activities such as an adult education cooking class, or

running at the indoor track. On the day of the visit, Jim and his roommates were going running. As they left the apartment, Jim expressed some dissatisfaction at going. Dan encouraged him, in a postive manner, to come along, and he did so, with only a small amount of verbal complaint.

Jim has a girlfriend who lives in another group home in the city. During the week, he calls her sometimes in the evenings. On weekends, he might visit her. On Sundays, Jim likes to attend church on his own; the staff person drops him off and then picks him up afterwards.

Private Community Residence: Meg

Meg is a thirty-seven year old woman with mental retardation. She is short, and slightly overweight. Dressed like many women her age, she wore light blue polyester pants, a pink T shirt, and terry cloth scuffs. Her hair, cut neatly into a bob, would be more attractive with a perm or some curls. Although clean and neat, more attention to attractive make-up and clothing would do much to enhance Meg's appearance.

By nature, Meg is very sociable. She chatters on about her family, work, and friends. She especially likes to talk about her friend, Karen, another resident, who was away. Meg, when asked, could not tell her age. She sees her family occasionally and often phones home. She has a close friend, Jim, who lives in another group home and works with her at the sheltered workshop. When she was asked whether she was going to call Jim that evening she said "No, I'm too tired! Yep, too tired!" Later, Jim called

her. The call lasted around twenty minutes. When Meg came downstairs she said, "Guess who that was? Jim!" She was obviously delighted.

When an argument started at dinner, Meg went out to eat on the porch. She was animated in relaying, "I hate fighting and they fight alot. When it happens, I just get out of there. That Andrea is always getting mad, I just stay out. I don't like it at all. Oh no -- not me! No sir!"

Meg was the most sociable of the women there that evening. She smiles and is very friendly to visitors. The other resident, Karen, is considered very capable and is permitted to travel by bus alone to visit her boyfriend, and to go to other places. It appears that Meg could handle more responsibilities and independence than she is given.

Meg's day begins with showering, breakfast, and then a cab ride (paid for by Medicaid) with Andrea to the workshop. According to her, she often does the breakfast dishes when she returns from work in the early afternoon. She helps with dinner although there is no regular assignment of chores. Meg enjoys working around the house. She kept jumping up from the outside table to give an occasional stirring to the spaghetti sauce and helped set the table for dinner. After dinner she rode the exercycle for a while, but had trouble keeping her feet in place.

She also mentioned her family, who live in the Central New York area. "I call my mom up, she likes to talk to me. Yes, she does." When asked whether she visited, she said yes, but was unclear how frequently these visits take place.

The Community ICF/MR: Mark and Cindy

Mark

Mark, who is about 14 years old, is a good looking kid with blondish hair and blue eyes. Typically, he displays the energy level of a preadolescent boy. He would probably be characterized as moderately to severely mentally retarded, with some autistic behaviors and some self- abusive behaviors. During the week days, Mark goes to school at a segregated BOCES program. He is nonverbal, so he is learning sign language at school. Work on signing is also being carried over to his home environment. Along with other residents of the house, Mark goes swimming at the local YMCA once or twice a week.

After school, on the afternoon of the visit, Mark was not involved in any specific "programming." Most of his time was spent in the living room with a staff member close by. At times, especially when he wasn't getting any other attention, Mark seemed to enjoy taking control of the television, and would occasionally run over to it and turn the volume way up, or turn the dial changing channels at a rapid clip around and around. When this happened, the staff person turned the TV down and directed him back to a seat in the living room. Sometimes, when Mark was not getting any attention, he covered his ears with his hands and began rocking, accompanied by hyperventilation. Occasionally, staff members encouraged Mark to make certain signs; his signs related to TV watching as well as to different

types of food that he had eaten recently or that he would like to eat.

At many times during the visit, Mark and the staff member roughhoused with each other--he leaned against her in a playful manner (a pretty substantial body weight for the young, female staff member), while she tickled him in the stomach. This often resulted in Mark grabbing her hair. When this happened, the staff person would ask for assistance and a second staff person would offer to help free her. Then both would physically lead Mark to a small room across the hall to be "timed-out." He was required to stay in this "time-out" room, accompanied by a staff member, for 4 minutes. There is a timer which he can watch to know when this time is up. From about 3:00 p.m. until dinner time (about 5:30), Mark was timed-out in this fashion approximately once every 20 minutes. When asked whether this "program" was effective, one staff member commented that sometimes it calmed him down for a little while. This was the extent of his afternoon activities on this day.

At dinner time, Mark served himself from the small serving bowls on the table and ate without assistance.

Cindy

Cindy is about 11 years old, blind, and uses a wheelchair. She needs physical assistance for all of her daily activities. Cindy is a cute little girl, small for her age, with medium length dark hair. She came to the ICF after a foster placement didn't work out. She went to another foster home that also

didn't work, so she is back at the ICF while yet another attempt is made to find a family for her to live with.

After school, Cindy spends her time in the living room. She is taken out of her wheelchair and placed on a wedge on the floor for almost an hour every afternoon. Cindy likes to have someone sit next to her and talk to her and/or gently touch or hold her. She will play a sound imitation game with another person; the excitement of this game makes her smile and laugh. After a very few minutes of being left on her own, Cindy begins to hit the side of her head with her arm. Because staff cannot be with her at every minute, there is a cloth brace that is placed on her arm to prevent it from bending, thus making it impossible to strike herself, although she can sometimes get this cloth brace off by herself. On the day of the visit, all of Cindy's afternoon was spent in the living room either in her wheelchair or on the wedge. Staff members periodically came to check on her, sat with her for a few minutes, and then made sure her arm was in the brace before leaving her.

At dinner time, Cindy is fed by a staff member. If a staff person gets up and leaves her at the table for more than a few minutes, she will begin hitting herself.

Cindy is scheduled to begin swimming with people from the house at the YMCA.

The SRUs: Rick

"Ya gotta watch out for some of these guys," said the assistant director who was giving us a tour of the small residential unit (SRU). "You kind of develop a sixth sense working here, you can usually tell when one is going to blow. As you walk around here today kind of keep a sense about you. Like I usually know where people are around me. I'm not saying something is going to happen or anything, it's just good to keep aware of what is going on. That guy especially." She pointed to a rather short, balding man who appeared to be in his 50's. "He'll come up to you and ask you about your children and your wife and if you have any daughters. If you say yes, he'll ask if he can, well, you know what with them."

The person she was referring to came up to me, smiled and stuck out his hand. "Hi," he said, "What is your name?" I told him my name, and he told me his, Rick. Rick was dressed in a pair of dark blue pants, a dark green sport coat, light colored, rather dirty shirt and a tie that had food stains on it. He appeared rumpled and unkempt. As he shook my hand, he smiled and said, "Are you married?" I replied that I was. "Do you have any children?" I told him I had a son and a daughter. We talked for about five minutes during which he asked me all about them, how old they were, what kinds of things they liked to do, whether they went to school. He seemed to want to know everything about me, where I lived, what I did, what I was doing there. He asked if I had a wife. I said that I did. He said, "I'd like to have a wife someday." Our conversation ended when our guide, the

assistant director, started to give us a tour of the house. Rick followed us for a bit, watching and listening, but keeping at a distance.

I started to walk around the house. As I opened one of the bedroom doors and looked inside, Rick came up behind me and told me it was his room. "That's Greg," he said, pointing to a young man sitting in a rocking chair, rocking back and forth staring at the blank wall. "He is my roommate, we're both in this room." There were no pictures on the walls. (We were told that the staff took them down because they believed the residents would just pull them down and break them.) Greg had individualized his room by sticking little bits of paper and small pictures to the walls in a neat row up next to the ceiling. I asked Greg whose pictures were up on the walls. He stopped rocking looked up at me and smiled. "Mine," he said, "I put them up there." He watched me for a couple of moments, and then went back to his rocking. Rick showed me his dresser and closet. Both were empty. We left his bedroom. I was told later that his clothes were actually kept in another part of the house because he would spend all of his time putting them on and taking them off, and the staff didn't want to have to wash all of his clothes every day.

I continued my tour around the house. Rick went to the kitchen to listen to the conversation of three or four staff members who were sitting around the kitchen tables having coffee. He stood in the doorway and watched and listened. After a couple of minutes he went into the living room where another

staff member and a resident were watching MTV, a cable television channel that shows only rock videos. The television was tuned only to that channel because it "really mellows them out." The room was darkened and the music was loud.

I went into the living room and began to talk to one of the staff members who was supervising a new client who was being given a "try out" at the house for that evening. I asked him what kinds of things they did there in the evening after the residents got back from their day programs. He said, "It's ok, we do a lot of things with them here, you know, we got out for a van ride each afternoon and then again each night, that cools them down a lot, yeah, they like that." I said, "Do you get out into the community very much?" He replied, "You mean other than driving around? "Yes," I responded. "No, not too much, I mean we go out to the community store and everything, and they get what they need, but not too much in the community itself, no." Rick, who had been sitting and listening to us, walked up to the TV to change the channel. "Hey! Don't touch that! Get away from there." The staff member jumped up quickly and raised one hand as if to hit him. Rick lept away from the television and came over and sat next to me on the couch. That staff member turned to me and said, "He's not supposed to touch the TV, we have already lost the original one we had. They threw it on the floor. That one there, we got from the wards. It's pretty tough."

In the afternoon, between the time the residents returned from their day programs and dinner most of them wandered in the halls, went for a van ride, watched MTV, or stayed in their rooms. Rick appeared a little bored with it all and did a little of each. At dinner time the residents all went into the dining room and ate their meal. Staff members did not eat with the residents, but were stationed at each table to help out where needed with those who had difficulty eating. There was very little conversation. At the end of the meal one of the staff members went to the bathroom and came back wheeling a mop and full bucket of water. "Here ya go, Rick," he said, "time to do the floor." Without a word Rick took the mop and pail. He carefully pulled the chairs to the side of the room and moved the tables out of the way, and went to work mopping the floor. He seemed to enjoy it.

It was time to go. I saw the assistant director to thank her for showing us the house and letting us stay for a while. She liked her job and seemed to feel good about what she was doing. "I really like it here. For me it is the best house. The people are higher functioning and you can get into conversations with them, there is alot more going on here than in some of the other houses. It's really not as bad as people think. People hear that this is the behavioral house and they don't want to come near. Tours come through and they hit every house but this one. They don't even want to stop and walk through the place."

MEALTIMES

Dinner was observed in each of the different locations that were visited. In most homes the evening meal is an important activity. For many, it is the one time when everyone gets together to share the experiences of the day, discuss future plans and share the different events that are important in their lives. Just as the styles of living and the nature of the homes themselves varied, so too did the dinner routine. The attitudes and philosophies of each program became clear by watching people sharing their evening meal.

The Intentional Christian Community

In the Christian community, thoughts of dinner began when we first entered the home in the afternoon and were greeted with the aroma of vegetables cooking in the kitchen. Although the other residents of the home sometimes helped to prepare meals, the job is usually left to the coordinator. Dinner is often shared with guests and provides a focal point for the members of the home. The meals varies with the season, and with what is on sale at the supermarket.

As we sat in the den talking with the residents, the coordinator brought out a tray with cold vegetables and dip for everyone to snack on before dinner. At about six o'clock, we were told the meal was ready and everyone filed into the dining room taking their accustomed seat around the large table which

was set with matching place mats, dishes, and silverware. Tom sat at the head of the table and, after everyone was seated, selected someone to say grace. Dinner consisted of three kinds of homemade soup, warm bread, and salad. Wine and other beverages were served. The dishes of food were passed around and everyone helped themselves. The atmosphere was relaxed and as we ate, the conversation ranged from one topic to another with everyone joining in, telling about their day, making plans for the upcoming weekend, and discussing different events. Some of the behaviors of the residents were not appreciated, and the responses to each interaction ran the course from impatience to pleasure at being in the company of each other. The mild conflicts that occurred were dealt with in a calm and mature manner that registered frustration with the problem, but still showed respect for the individual.

After the main course, people pitched in to clear off the table. Coffee and fresh cookies were served, and conversation continued. Mike was asked to help with the dishes. Beth was planning to visit her relatives, so she left early to get ready. Tom went into the living room to smoke a cigarette and read the paper. Some of the other members of the house clear the table, while others, after taking their dishes to the kitchen, did other chores or went to relax in their bedroom.

The Apartment

The supervised apartment setting is home to four young men;, three with developmental disabilities as well as one staff member. Preparation for dinner began soon after the three residents arrived home from work. The staff person, Dan, organized the activities and made the final dinner preparations. He clearly identified himself as the leader of the group, and his interaction with the other individuals was positive, referring to them by name or as "the guys." Jim, at Dan's request, set the table. Utensils were stainless and glass bowls were used to serve the food. As the meal was being prepared, Dan encouraged the residents to talk with the observers about themselves. Jim showed pictures from a recent trip he had taken to Florida. Mike picked up the telephone and called his family to chat with them about how they were doing, and what he was having for dinner.

The men all seemed relaxed and comfortable in their home. When the food was ready, they all sat down to eat. Dinner consisted of hamburgers, french fries, and green beans. At the beginning of the meal, Dan gave some reminders about table manners, requesting one person to pull his chair up to the table, asking another to eat with his mouth closed. During the meal the conversation was casual and focused on how people's days had gone, with Dan asking questions to initiate conversation and to draw people into the discussion.

The dining area was a very small space at the end of the kitchen. The table was situated against a large beam in the apartment that ran from floor to ceiling, and when they all sat

down to eat, one person had to sit on the other side of the beam, basically out of the kitchen area. The meal ended after about twenty minutes, somewhat earlier that evening than was usual, because they were all going to the fieldhouse at the University to go running. Everyone helped to clear the table and to put the dishes into the sink. Dan worked on the dishes while the residents changed into their running clothes, putting on shorts, T-shirts, running pants, and sneakers. When everyone was ready they all left to go run.

Dinner at the Group Home for Women

The team of visitors were invited to stay for dinnerat the house. That fact was noted with great anticipation by Meg, one of the residents. Guests for dinner seemed out of the ordinary, but not entirely novel.

While members of the team sat on the back deck at an attractive patio table, the staff person appeared with a lovely tray of fresh vegetables and dip. Carol, another resident, sat on the porch occupied by a game board with tiny pegs on her lap. She leaned over the game trying to place pegs in the holes on the board. Every few seconds she would drop a peg on the deck floor. Carol would say, "uh oh," and get up to try and retrieve it. More often than not the peg had fallen through the boards on the deck and disappeared. This occurred repeatedly; it made conversation difficult and interrupted. Carol was not talking and her rolling pegs were the focus of much attention. Finally the staff member got up and suggested the game was not good to

play outside. She averted any potential protest by offering a large rubber ball to play with. Carol gleefully held and tossed the ball up in the air, against the wall, and on the deck.

Marcia, the third resident home this particular evening, was asked a series of questions by the staff about her visit to the doctor. The staff member was tenacious, but pleasant in her inquiries even though Marcia's only responses were "yes" or "no" or pointing to her bandaid. The team asked questions about the people who live at the house and their activities. The staff member obviously knew the women in the house well and was very familiar with their plans, their likes, and their recent activities. The nature of the inquiry required her to talk "about" the residents with disabilities but she did so by trying to include the residents themselves by looking at the person she was answering for and ending her response with, "Right, Meg?," or "Aren't we?," which added to the comfort of the interaction. The conversation was sometimes punctuated with, "Sit up straight Marcia," as Marcia would slide down in the porch chair.

After some minutes of this interaction it was Meg, not the staff member, who said, "we should check the sauce on the stove." They both hurried in to do so and found the spaghetti sauce burning. It was being cooked in a frying pan, which seemed unusual. Several other features of the meal also stood out. The meal itself was spaghetti and saucewith asparagus -- a combination none of the visitors could recall having seen before or considered for themselves. In addition there was no pot holder in the kitchen, so when the bread was ready to come out of

the oven the staff member was stuck for a moment as to how to proceed. After a moment she ran down to the basement for a pot holder. Finally, the meal was nearly ruined a second time. The phone rang just as the pasta was cooked. The staff member ran to answer the phone, darting to get to it first. The call was obviously for her and she stayed on the phone for more than a few minutes. The guests took it upon themselves to remove the spaghetti from the pot rather than have it terribly overcooked. All of these things appeared to us to be evidence of a staff person who, while clearly well intentioned, was either overwhelmed or inexperienced at making a fairly easy meal.

Observations during dinner left the visitors wondering if dinner in the dining room -- or even perhaps dinner as a group -- happens very often. Residents did not know where to sit and were directed to chairs. Marcia was so pleased to be next to the staff member she would not leave her alone. She patted her constantly until the staff member had to move. (It seems unlikely that the staff member would have put up with that on other occasions.) Finally, toward the end of what was a rather tasteless and unappealing dinner, Marcia threw a half-full soda can across the table hitting Carol and spilling soda on several others. Carol became very upset and the staff member seemed overwhelmed as to what to do next. She looked at us and said, "Well at least dinner was nearly over." We offered to leave the table and she was grateful for that. Her ability to handle the two dinner incidents was limited. Her caring for and attachment

to the household members did not sufficiently equip her for effective responses to obvious problems in the household.

The team stayed awhile, but after such an unsatisfying meal and upsetting scene little information was gained after dinner. The clean up routine was disorganized and unstructured. The job chart on the refrigerator had been ignored for a long time now. The staff member had a notion that Marcia should learn to do the dishes, but she was not instructing or correcting Marcia in her attempts, and was resigned to do all the dishes over again after Marcia went to bed. The staff member said that her friends often come for dinner at the house and that they are the residents' friends too. This "pal" relationship did seem accurate in terms of the interactions that were observed, but it seemed that the types of training and support that are needed in community residences were not being fully obtained.

The Community - ICF/MR

The first indication that supper was to be served soon came when one of the staff members entered the living room and asked another staff person if she was aware of a new "order." It apparently stated that everyone should be seated in the dining area before the meal could be served. No one seemed to know anything about this new order since they had already begun to take one or two of the residents into the kitchen. None of the residents had been involved with meal preparation. There were no characteristic smells indicating that a meal was being prepared.

It was about 5:30 when everyone who was going to eat dinner was escorted into the diningroom to sit at two oval tables. One young man had eaten earlier, when he had returned home after school, so that he could take his bath before going to Boy Scouts. It was difficult to tell what he had eaten, but it looked like oatmeal.

Neither of the tables were set with any tableware, placemats, or condiments. Three residents were seated at each table. A plate was placed in front of each of them by a staff member and they each were given a utensil (either a fork, spoon, or an adapted spoon). One resident was given three separate bowls of pureed food and an adapted spoon with which to eat. The meal, which was described as the "first summer meal," consisted of a cold pasta and tuna fish salad, cold peas, and for some people Italian bread and butter. It should be noted that even though the meal was a "summer" one, the weather was anything but summerlike with outside temperatures in the low sixties on a rainy, dreary day. The young man with the pureed food was also served a dish with some type of yellow vegetable in it. Milk was the only beverage that was served. While the residents ate, staff members provided necessary assistance such as holding the glass of milk, scraping the food back on the plate, reminders to eat all of the food, and so on. Because the person with the pureed food was known to flip his bowls over with his spoon someone needed to stay at his side to prevent this from happening, and to be sure that he ate all of his meal.

The staff did not eat with the residents. After serving the residents, they took their own plates and either stood near the residents and ate or placed their plates on a nearby countertop and ate standing up. Two staff members did sit down at one table after two of the residents had finished and had left the kitchen. Initially the visiting team was not invited to eat anything. Later, however, as the staff members ate, one staff member asked if the visitors wanted anything to eat. When each resident was finished eating he or she would leave the kitchen and return to the livingroom or prepare for a bath.

None of the residents participated in any phase of the meal preparation or clean-up. In fact, the only time they were in the kitchen area was when they were actually eating. The staff did all the preparation and clean-up. According to a staff member, residents do not participate in meal planning or grocery shopping either.

Throughout the meal there was no attempt on the part of the staff to engage any of the residents in conversation or to establish some interaction between the residents at the table. What conversation did exist was mainly between staff and was often about the residents seated at the table. Comments were made about each individual's eating habits, food preferences, and the amount of food consumed. References were made about different aspects of the meal that were part of a resident's eating goals. Occasional requests were directed at the residents to "pass the peas" or "finish your salad."

In general, the evening meal was a boring event. The dinner itself was less than appealing, and the total lack of social interaction made for an atmosphere almost like a service station. That is, the residents were brought into the kitchen, were filled up, and then left. The entire meal time took approximately a half-hour. The kitchen was once again empty by 6:00 p.m.

Small Residential Units

In the Small Residential Units (SRUs) the dinner routine varied only slightly in each facility. At about four o'clock in the afternoon, large orange insulated plastic boxes were dropped off in front of each house from the developmental center "up the hill" containing heated, ready to serve food. A notice on the board in the kitchen of one of the houses reminded the staff that in no case was the meal to be served any earlier than 5:00 p.m.

At a little after 5:00 two observers and the manager of one of the SRUs hurried back from a meeting with the director of the developmental center to observe "feeding time." She described the mealtime routine as they drove. "We have just started doing our meals family style, where we put the food on the tables and then everyone takes their own. The residents are not very used to it yet, but I think it will work out ok."

A staff member stood or sat off to the side of each table and seemed to be supervising the residents, who were sitting there. Staff talked and joked among themselves as the residents, who spoke very little, ate their meal. The conversation

consisted mostly of gentle jabs cast in a joking tone directed at some of the residents. In the corner of the room a couple of staff were discussing a "real nice" intermediate care facility that has been recently constructed by the developmental center in another location nearby, and the possibility of "bidding" on jobs to transfer there. One of the residents was laughing loudly at the kidding he was receiving, the rest were eating quietly, looking at their meal, around the room, or just sitting in front of their plates.

One staff member was actively attending to a group of residents at one of the tables. When asked what happened during mealtimes and what it was that she was supposed to do, she said, "Well, I am integrating. I don't really work in this house, actually I work in the day treatment program, but we have to work in the house here an evening or two a week. We are supposed to be integrating the two program components. You know, between the goals we are working on at the day program and what is going on here at the house. So, I come here and help with dinner, mostly." As she talked she reached over and placed her hand over that of one of the residents who was eating too quickly, to slow him down. "Yeah, we all have to do it, but it's not too bad, you know, at home nobody does too much anyway, so I usually just help out with dinner."

The meal ended with the different residents signaling that they were done, or just sitting in front of their plates until they were noticed by a staff member who then picked up their plate and told them that they could leave the table. The staff

did not eat with the residents. "Are you kidding?" said an employee in a brown plaid shirt. "No, we're not supposed to touch any of their food at all, even if they don't eat it. Anyway, the stuff tastes awful. A lot of them won't even eat it half of the time. No, sometimes we make something late at night, some chicken, or last week, Dave brought in some stew and we heated that up. But boy, it's hard to keep them out of the kitchen when we do. They smell that food and they want some. We're supposed to be able to start cooking here sometime this summer, but I don't know, I guess we'll have to just wait and see."

In another small residential unit, for older adults, dinner was also served promptly at 5:00 p.m. Residents sat scattered around the dining room; some at tables, others in their wheelchairs which were lined up against one of the walls. Those sitting at the table were wearing large bibs that tied behind their necks and extended down to the table and under their dinner plates. Each person was given their food, their plate already prepared. When finished, the dishes were taken away, scraped, rinsed, and the large orange plastic boxes were packed up to be returned to the developmental center.

Throughout dinner there was little conversation. No one talked about their day. No one talked about upcoming events on the weekend, projects they were involved or interested in, or places they were going to visit. It appeared to be a time for eating, not talking. The meal was over at 5:30 p.m. By six o'clock, two orange boxes were sitting at the end of the driveway

in front of each house as if waiting for the next morning's garbage pick up.

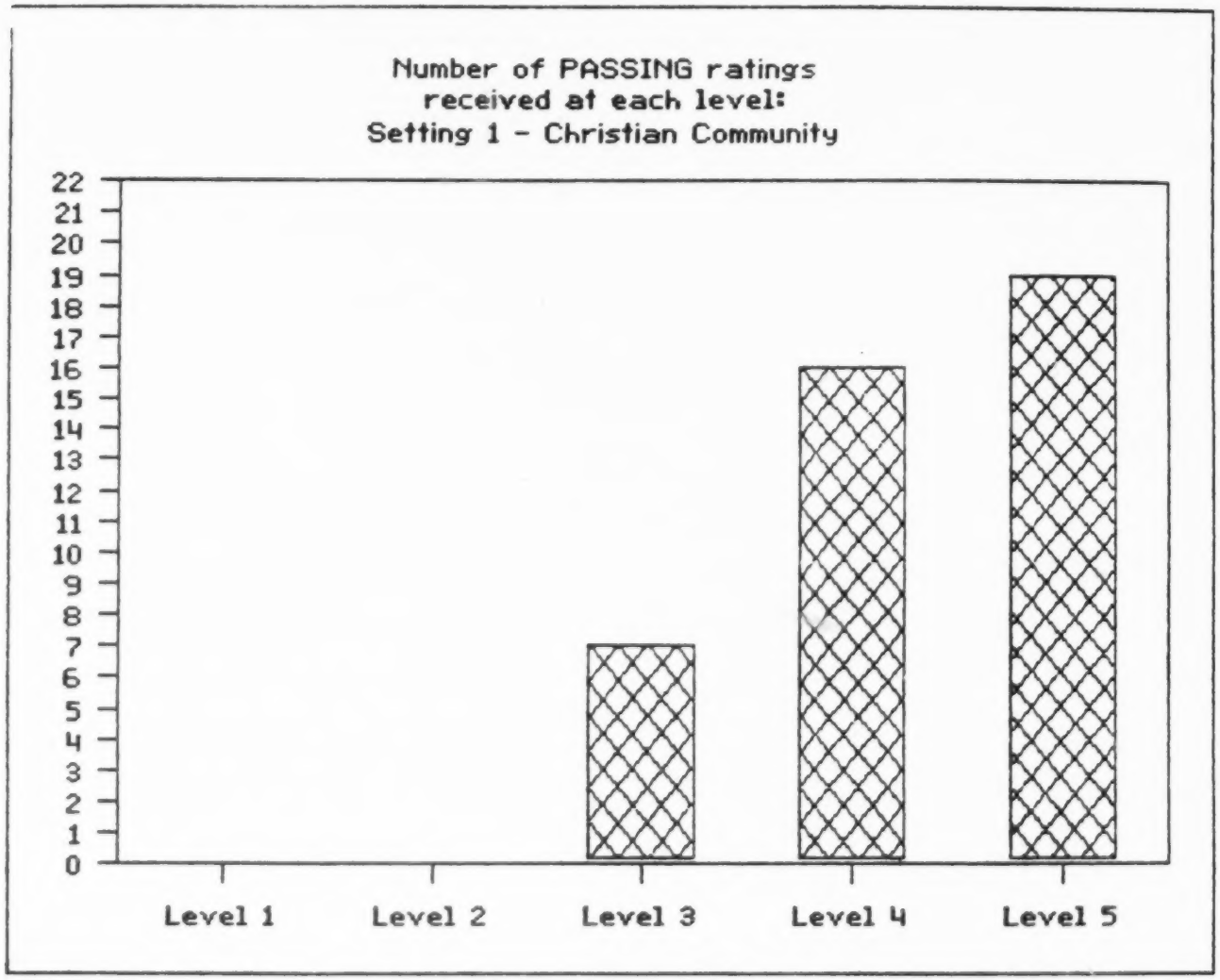
RATINGS OF THE FIVE SETTINGS

Overall Comparison of Settings

PASSING provides for ratings across a total of 42 categories, each of which is evaluated according to five possible levels. Level 1 represents the most restrictive, least normalizing alternative, while a rating of 5 represents the most normalizing, best integrated situation. Level 5 ratings reflect not only the presence of appropriate services but also an awareness and commitment on the part of the staff to the principles of normalization and the importance of creating integrated living situations. The intervening levels from 2 to 4 represent increasing attention to integrated and normalized service alternatives. The following six charts depict the number of ratings received at each level for the programs surveyed.

Setting #1, depicted in Chart 1, is an intentional Christian community that serves three mentally retarded adults who live in the same home with three nonhandicapped adults. Considerable attention is given to the creation of an environment that is supportive of the individuals who live there and provides them with opportunities to become integrated into the community. As can be seen in the chart, there were no ratings in the Level 1 or Level 2 categories. Nineteen of the 42 possible ratings (45%) were judged to represent Level 5, the least restrictive, most normalizing conditions. Sixteen of the ratings given were at Level 4, and seven were rated at Level 3. This setting provided

CHART 1


Number of PASSING ratings
received at each level:
Setting 1 - Christian Community
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Level 1
Level 2
Level 3
Level 4
Level 5

the most normalizing situation and the highest scores of all the programs surveyed.

Setting #2 was an apartment for three adults labeled as mentally retarded located in a larger apartment building. The apartment was part of a residential program run by a not-for-profit agency. As can be seen in Chart 2, for this setting the largest number of responses, 20 out of 42 possible (48%) were assigned a Level 4 rating, 11 of the total were rated at Level 5, eight at Level 3, and three at Level 2. The program received no Level 1 ratings in any of the categories. These scores suggest that the program created an appropriate and normalizing environment and that staff were by and large aware of the need to provide services that stress integration and positive valuation of the individuals served.

The third setting is depicted in Chart 3. It is a group home for four individuals located in a typical suburban residential neighborhood. Ratings received reflect a predominance of Level 3 scores (17, or 40% of the total). The other ratings were more or less evenly spread around the center, with 11 rated at Level 2, 12 at Level 4, and two at Level 5. The ratings suggest that although the program was not strongly supportive of integration and the creation of a normalized environment, neither was it overly restrictive.

Setting #4 is an Intermediate Care Facility for the Mentally Retarded, operated by the state, for eight children. As can be seen in Chart 4, 19 ratings (45% of the total) reflected scores at Level 2, indicating a more restrictive, less normalized living

CHART 2

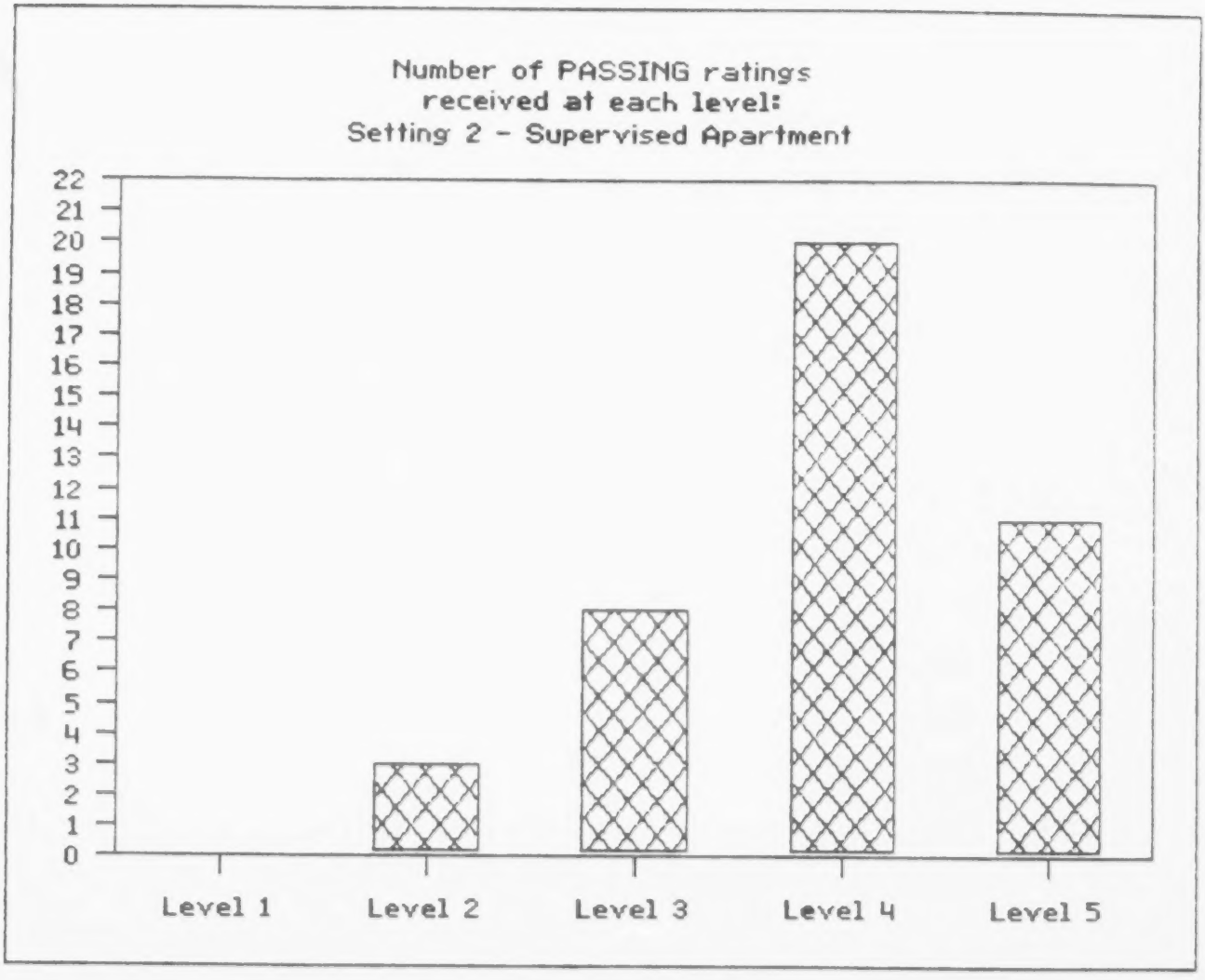

Number of PASSING ratings
received at each level:
Setting 2 - Supervised Apartment
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Level 1
Level 2
Level 3
Level 4
Level 5

CHART 3

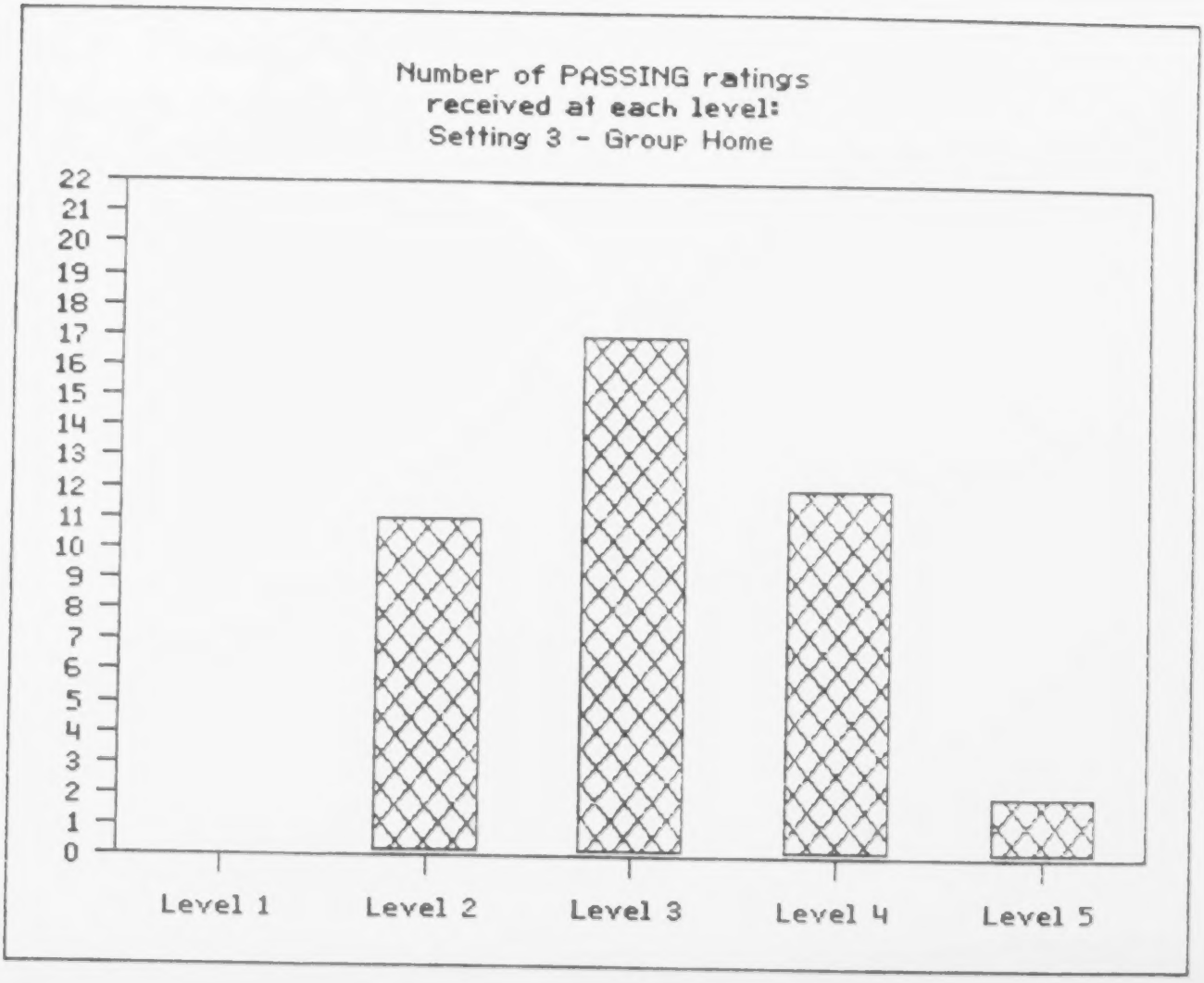
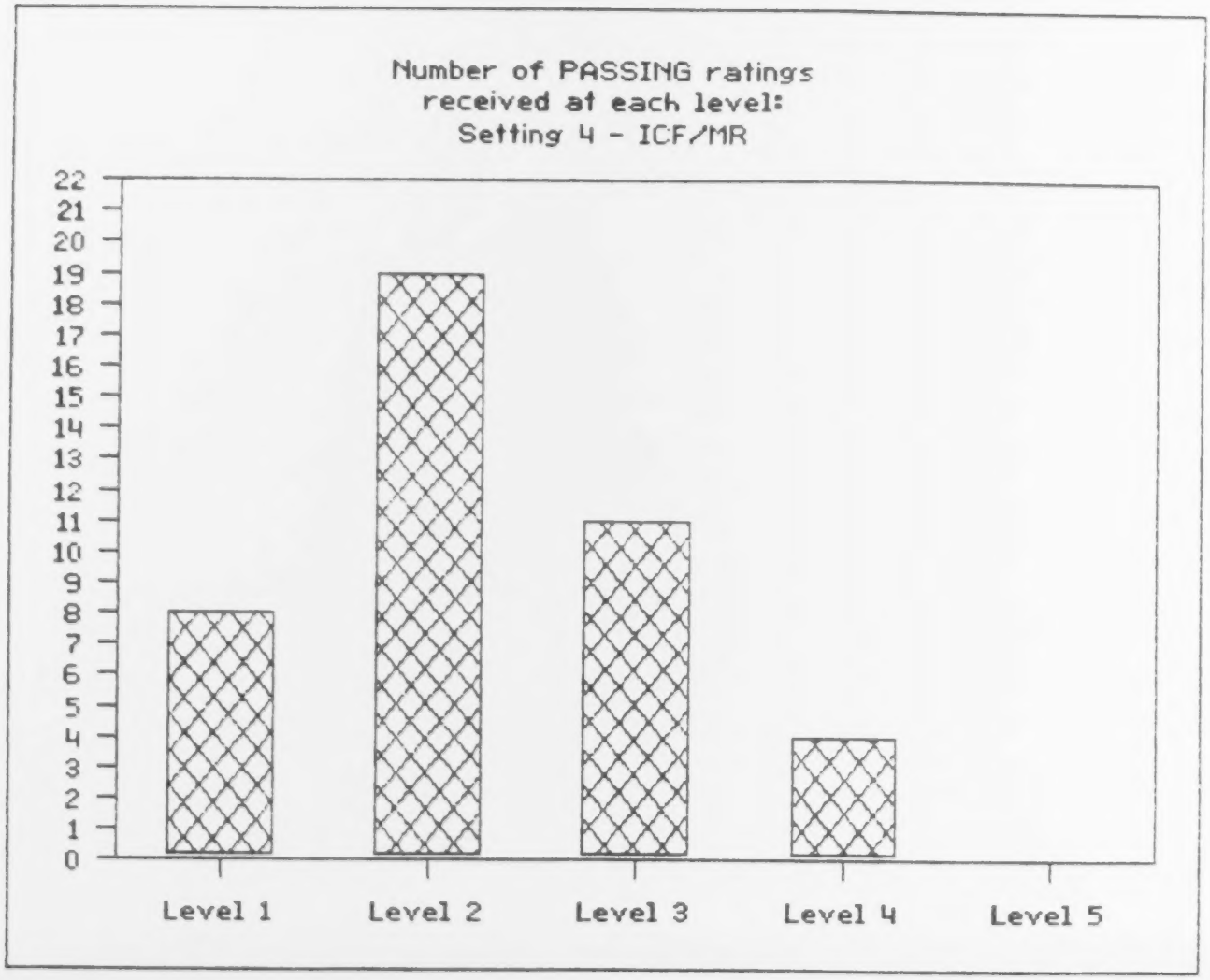

Number of PASSING ratings
received at each level:
Setting 3 - Group Home
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Level 1
Level 2
Level 3
Level 4
Level 5

CHART 4


Number of PASSING ratings
received at each level:
Setting 4 - ICF/MR
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Level 1
Level 2
Level 3
Level 4
Level 5

situation. Eight areas were rated at Level 1, the most restrictive category, 11 were rated at Level 3, and four at Level 4. No ratings were given at Level 5, representing the least restrictive alternative.

Chart 5 depicts the scores received by the fifth setting, a cluster of eight twelve-bed facilities, or "small residential units," located on the grounds of a state institution. In this case, 22 out of the total of 42 ratings, or approximately 52%, were judged to represent highly restrictive, nonnormalizing situations and were given a rating of Level 1, the most restrictive category. The program received nine Level 2 ratings, eight at Level 3, and three ratings at Level 4. No ratings were given at Level 5. In this setting, ratings indicate that little attention is paid to providing a living situation which supports involvement in the community; instead, the environment presents an image of differentness and isolation from the community.

Finally, Chart 6 provides a compilation of the previous five charts for comparison.

Taken collectively, the charts represent living situations that range from the least restrictive to the most restrictive. As can be seen from the charts, the smaller living settings located in typical communities tended to provide more normalizing situations. In contrast, the facilities that were clustered together on the grounds of the institution were much more "institutional" than "home-like" in nature and offered

CHART 5

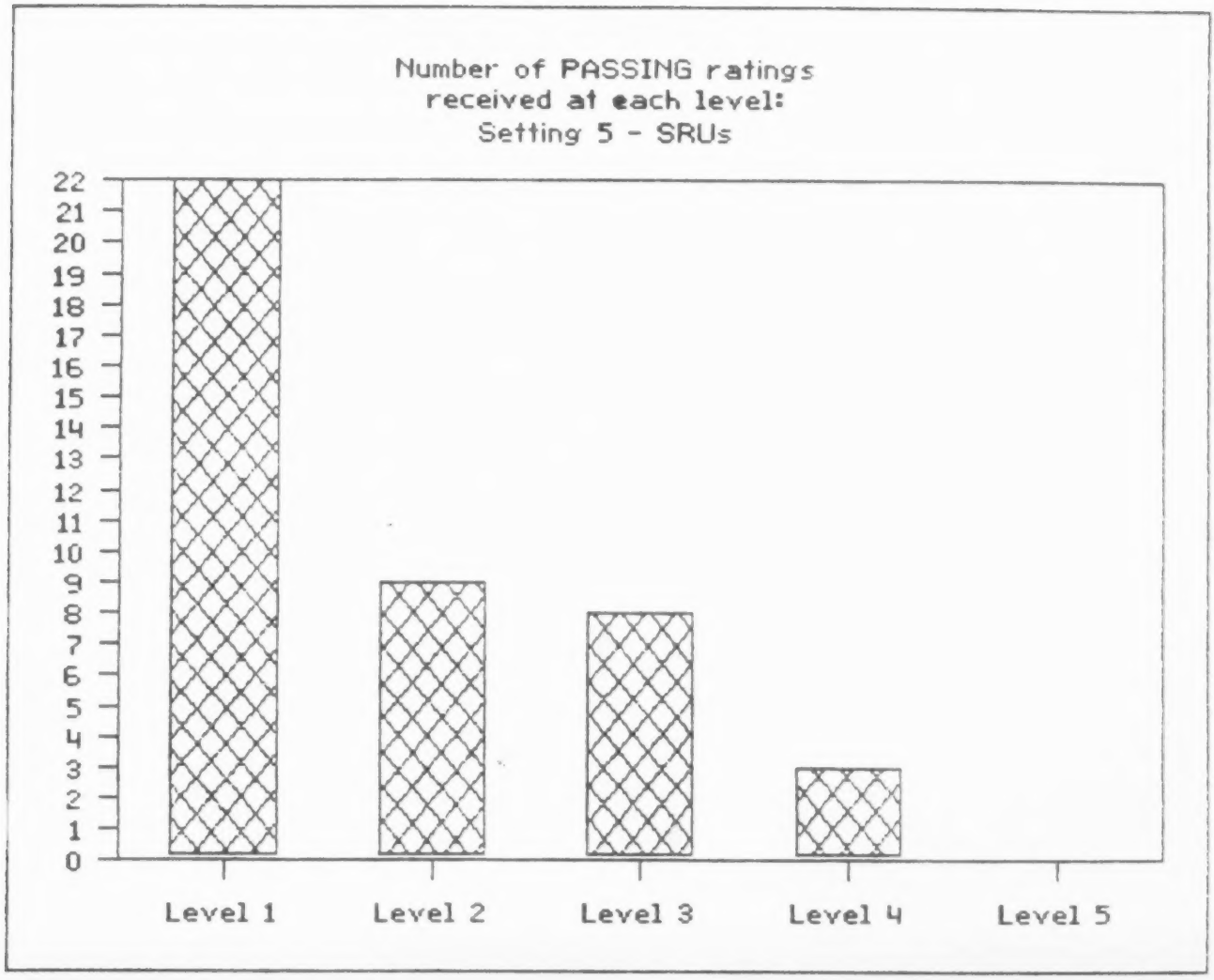
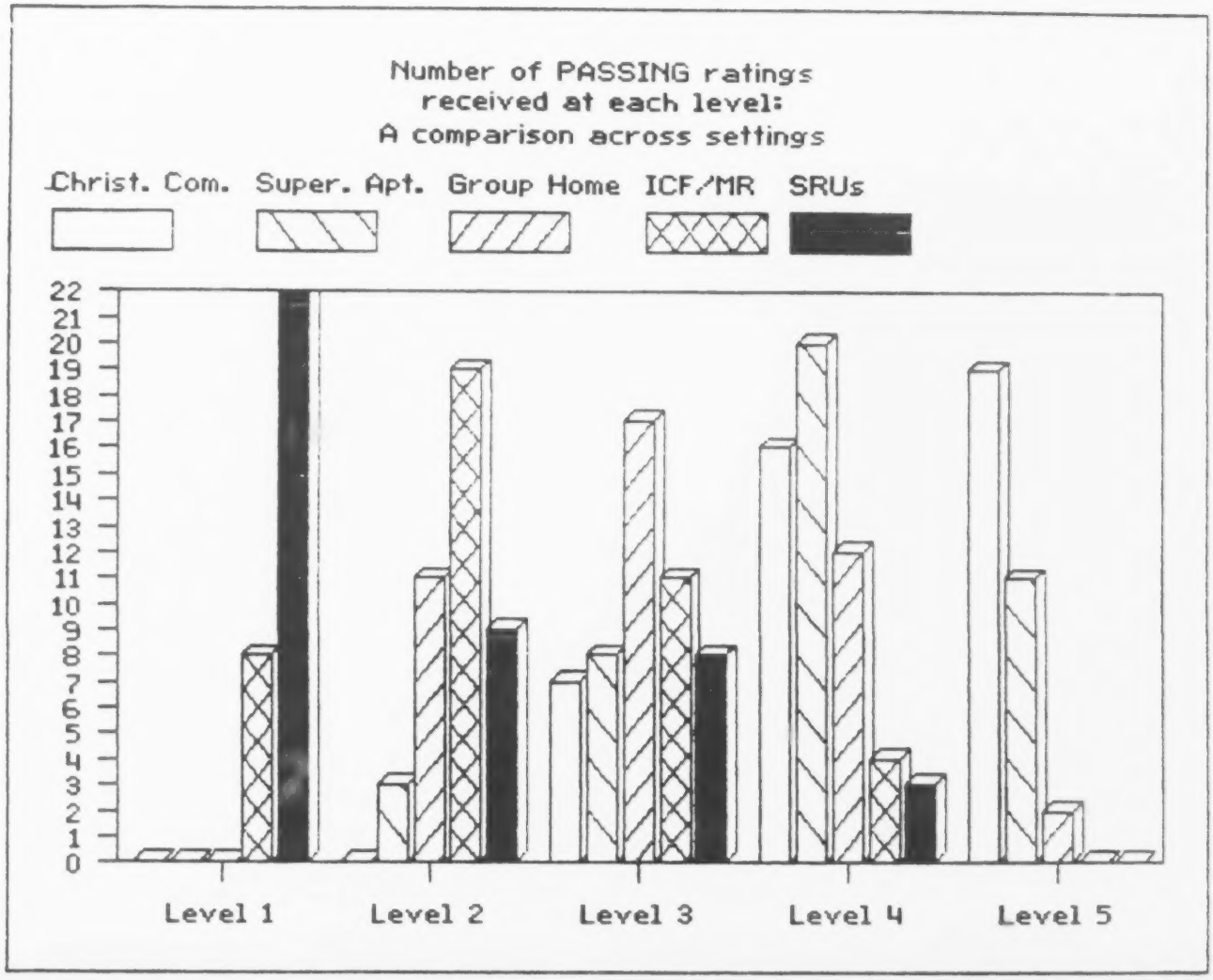

Number of PASSING ratings
received at each level:
Setting 5 - SRUs
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Level 1
Level 2
Level 3
Level 4
Level 5

CHART 6


Number of PASSING ratings
received at each level:
A comparison across settings
Christ. Com.
Super. Apt.
Group Home
ICF/MR
SRUs
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Level 1
Level 2
Level 3
Level 4
Level 5

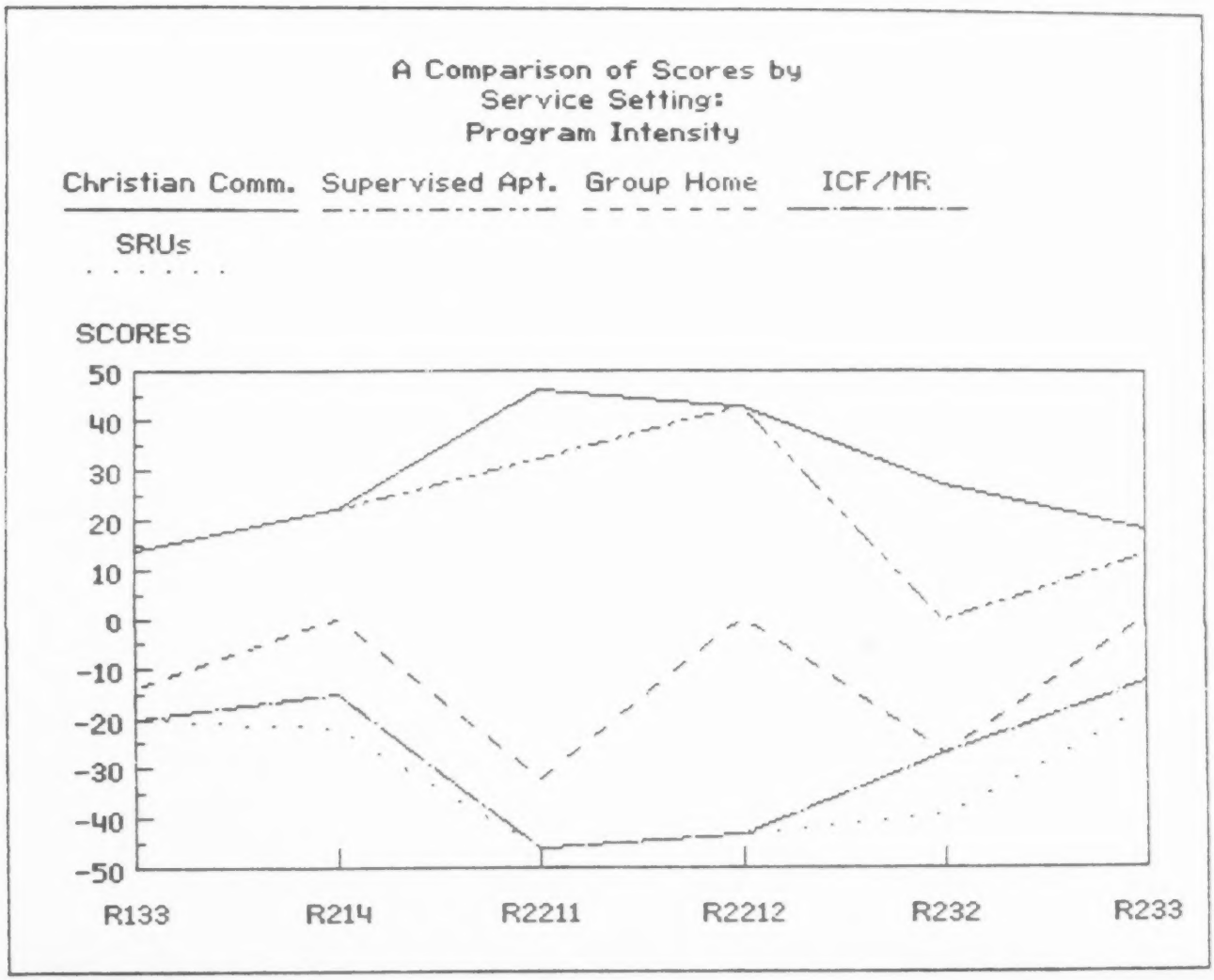
virtually no opportunity for integration into the surrounding community.

Program Rating Categories Across Service Settings

The next set of charts illustrates the PASSING scores for all sites according to five major categoriess of ratings, called program categories. The five categories are Program Intensity, Image Projection, Program Relevance, Program Integrativeness, and Program Felicity. Each category, its make up of individual ratings, and the site scores are discussed below. Charts 7-10 provide information, by individual rating category, (with the exception of Program Relevance, which only had one rating; a graph of these ratings is included in the summary chart, Chart 11), across all five service settings, while Chart 11 is a compilation of scores of all service settings across all rating categories.

Program intensity. Program intensity is defined by six ratings which focus on those programmatic features of a service that challenge, encourage, and support each participant to acquire and maintain a variety of useful and socially valued skills.In some ways this category is a threshold category: by scoring high in this area, a setting has some of the minimum, or prerequisite, requirements for a good residential setting. For example, the number of people served and their composition as well as their ability to exercise basic human rights are critical features in terms of planning and predicting a residential

CHART 7


A Comparison of Scores by
Service Setting:
Program Intensity
Christian Comm.
Supervised Apt.
Group Home
ICF/MR
SRUs
SCORES
50
40
30
20
10
0
-10
-20
-30
-40
-50
R133
R214
R2211
R2212
R232
R233

service, yet they are only minimum conditions--necessary but not sufficient--for a quality residential service.

On the first rating (R 133, Promotion of Client Autonomy and Rights), the issue is the extent to which a program supports the fullest possible culturally valued rights and autonomy of each resident. The Christian community and the supervised apartment emphasized this more than the other three programs (i.e., individualized versus group activities, residents having their own keys to the apartment, opportunities to express and exercise choices and preferences, etc.).

Most of the programs did slightly better on the next rating (R 214, Challenge/Safety Features of Setting), where the physical features of a setting are considered in terms of the expectations placed upon the participants. A negative example is provided by the SRUs, where the hot water temperature in the homes is turned down so that people cannot scald themselves, and participants are not allowed to enter their own kitchens. A positive example is provided in the Christian community, where a woman who uses two canes has a second floor bedroom. In this way, she is encouraged in her use of the stairs.

A real divergence of scores is apparent on the third rating (R 2211, Competency-Related Intra-Service Client Groupings - Size). This rating addresses the issue of the optimal number of participants for any grouping. There should not be so many people that unnecessary structure and regimentation is imposed. Individual needs and preferences should dictate the size of a given program. From the chart, it is clear that the two 3-

person programs scored better on this rating than the other three sites. However, even these two places did not receive the same score. The three residents of the Christian community seemed to live together very well; the grouping was arranged after taking into consideration the needs and preferences of each individual. In the apartment, the men appeared to be compatible. However, the number of individuals was too large for the apartment size, and this grouping seemed to be a reflection of agency rather than individual needs. It should also be noted that the 12- and 8-bed facilities achieved the lowest possible score on this rating. There was no attempt to develop individualized residential settings; rather, each participant was there solely to fill a "bed."

The fourth rating (R 2212, Competency-Related Intra-Service Client Grouping - Composition) states that the composition of any grouping should facilitate competency development by using the dynamics of positive role expectations, imitation, and modeling, as well as the abilities of staff to address the specific needs of participants. Again, the three smaller settings did better on this dimension. The more individuals served in one location, the more difficult it becomes to maximize the composition of the group.

The fifth rating (R 232, Intensity of Activities and Efficiency of Time Use) examines the deployment of program time, activities, and materials that challenge the participants to maintain already acquired skills while learning new ones. All of the programs did relatively poorly on this rating. This is an

interesting finding as at least four of the five settings place particular emphasis on formal programming. However, these programs were either not offered frequently enough or were not challenging to the participants. In the SRUs, there was a lot of idle "dead time" for the residents. In the ICF/MR, programming was intense, but was not functional or challenging and therefore not an efficient use of time. It consisted of isolated, repetitive drills, which did not occur within the context of natural household routines and activities. None of the participants assisted in meal preparation or other household chores. On the other hand, the program that did not stress the formalized programming--the Christian community--nevertheless provided its participants with many natural opportunities to learn things.

The final rating in this section (R 233, Competency Related Personal Possessions) looks at the extent to which a service supports and encourages the participants in their use of possessions. Many people with disabilities have few possessions, and PASSING assumes that programs have some responsibility in helping participants to acquire certain items.

In the SRUs and ICF, the paucity of personal possessions was apparent. In one of the SRUs, the laundry room contained numerous broken items such as radios, stereos, TVs, bedside lamps, and unmended clothing. A staff member commented that such items remained there for months, and often were never repaired. On the other hand, at the Christian community, which scored the highest on this rating, the residents were not surrounded by a

vast array of possessions. The bedrooms were modestly furnished. Staff bemoaned that the woman, who keeps in touch with many of her friends by telephone, could not afford to rent one of her own.

Sheer financial resources do not ensure that an agency will do well in this area. It is the assistance that individuals receive in order to take care of and use such articles that results in a respect and maintenance of one's own and other's possessions.

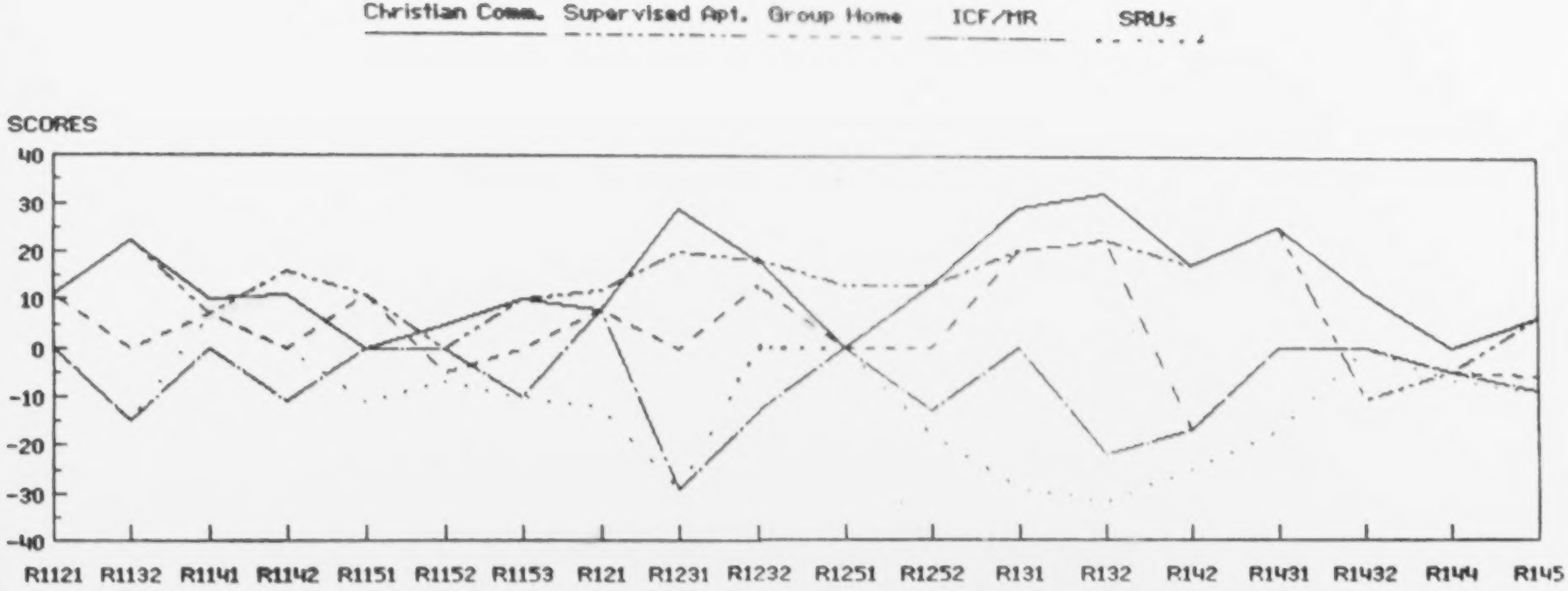
In summary, as illustrated in Chart 7, there were a wide range of scores for the category Program Intensity for the five research sites. They ranged from a -188 to a +170, creating a 358-point spread between sites. The Christian community and the apartment site received the highest scores, while the SRUs received the lowest possible score. The lower scoring sites were characterized by significant amounts of idle time, restrictive rules and regulations, and staff doing things for people rather then assisting them in doing it themselves.

Image projection. The 19 ratings in this subscore examine the public impression that is created and presented by a human service program. Image projection is important as it can either positively or negatively affect the perceived image of the participants in the service.

The first rating (R 1121, External Setting Aesthetics) determines if the outside of a facility is aesthetically pleasing or not. The three programs that scored the highest on this rating were all typical houses or apartments purchased or rented

CHART 8

A Comparison of Scores by
Service Setting:
Image Projection



by the different agencies. These could all be described as pleasing, attractive places in which to live. The two larger, and purpose-built facilities did not do quite as well. This is due largely to the unusual features of these structures, and the addition, at the SRUs, of things such as ashtrays (permanently connected to the exterior of each house next to the front door) and safety glass with wire mesh in it.

R 1132, Internal Setting Appearance Congruity with Culturally Valued Analogue, determines how the interior design and furnishings of a setting match the cultural expectations for the interiors of settings fulfilling the same function for valued people. Two settings, the Christian community and the supported apartment, achieved the highest score possible in this rating. That is, they closely matched most typical homes or apartments found in the Central New York area. The remaining three settings contained features not found in most homes. The group home, the ICF, and the SRUs all have staff offices in them, and each SRU has a small "clinic" area where medication is stored and dispensed, andwhere medical exams and minor surgery can be conducted.

The third rating (R 1141, External Age - Image) examines the extent to which the exterior of the setting accurately reflects the age of the service participants. All of the sites did reasonably well in this area. None had any features which were inappropriate to the age of the residents. At the SRUs, it was positive that the home for children, visited at Easter-time, had an "Easter Egg tree" decorated on the front lawn.

R 1142 (Internal Age Image) is concerned with the same issue as in the previous rating, but looks at the interior of the setting. On this rating there was a wider divergence of scores. The lowest scoring setting was the ICF/MR for children; this rating was given based upon a lack of indication in the interior that this is a home for children--a lack of children's books, games, decorations, and so forth throughout the house. In contrast, a positive example was the supported apartment, which resembled that of any typical group of young men.

The fifth rating, R 1151 (Image Projection of Setting - Physical Proximity), determines whether the actual location of a service is near areas possessing either negative or positive associations (excluding other human services, which are considered in R 121). The SRUs were rated with a low score primarily due to their location in such an isolated setting, a setting which is not a part of any neighborhood or community. The highest scoring settings (i.e., the group home for women, the supported apartment) were in stable, valued neighborhoods, whereas the Christian community and the ICF were located in more transitional or fringe neighborhoods.

R 1152 (Image Projection of Setting - History) considers the history of the program setting and the images it conveys about the skills and status of the program participants. On this rating, the SRUs, by virtue of their close ties with the institution next door, do poorly. For the other four settings, it was generally found that the participants' image was neither

significantly diminished nor significantly enhanced by the history of the setting.

The seventh rating is R 1153, Image Projection of Setting - Other Internal Physical Features. In keeping with the two previous ratings, the internal features of a setting should convey positive images about the service participants. Three of the sites, again those that were simply purchased or rented, convey neutral or slightly positive images. The two larger and purpose-built facilities contain features reminiscent of hospital or large congregate-care facilities, including: extra-wide hallways, bathrooms with medical bathtubs, tiled from floor to ceiling, doors with crash bars, and so forth.

R 121 (Image Projection of Program-to-Program Juxtaposition) suggests that services for devalued people should avoid locations that are close to other human services. The service that stands out here is the cluster of eight, 12-person residences that are adjacent to the state institution. None of the other four settings are significantly close to other human services.

R 1231 (Image Projection of Intra-Service Client Grouping - Social Value) assesses the extent to which to program grouping of participants enhances their social image. This includes the grouping of people with disabilities, as well as the mix of people with disabilities together with those who are nondisabled. A positive example is provided by the Christian community, where time was spent giving thought to who should live together here. The number of nondisabled people exceeds the

number of people with disabilities; surrounded daily by typical people, the social image of the three handicapped residents is enhanced. In addition, the residents of the house have a range of disabilities, from mild to severe. On the other hand, at the SRUs and the ICF, participants are selected based upon age and the availability of "beds" to move people from the institutions rather than on compatiblity. In the ICF, a large proportion of the children have severe disabilities, about half are in wheelchairs, and most have no speech.

The tenth rating, R 1232 (Image Projection ofIntra-Service Client Grouping - Age Image) deals with the age image of the client grouping. The premise here is that a program should group participants according to cultural norms (re: age) found in similar groupings of valued people. Young adults living together is one possible grouping in our society, as in the supervised apartment or the group home setting. The ICF scored particularly low on this rating due to the grouping of children together in a residential facility. In our society, children typically live with families.

R 1251 (Service Worker-Client Image Transfer) addresses the cultural appropriateness of personal appearances, histories, social roles, and identities presented by service workers. On this rating all five programs scored in the same range, achieving basically a neutral score. The staff identities did not elicit overly positive or negative images.

The twelfth rating is R 1252, Service Worker-Client Image Match. According to PASSING, the service role and image of the staff should match the primary need of the participants while also following typical cultural expectations. In the higher scoring settings (i.e., the Christian community and the apartment) the role of staff was as housemates and assistants. In the lower scoring settings (i.e., the ICF and the SRUs) staff generally played a caretaking role, thereby not allowing participants to increase their competencies.

In R 131 (Culture - Appropriate Separation of Program Function), raters assess the degree to which a service separates the different life functions of the individuals (e.g., housing, work, education and leisure) in ways that match typical practices. The SRUs, again as a result of close programmatic and administrative ties with the neighboring state institution, offer virtually no separation of the major life functions. The residents live, work, attend school or a day activity program, recreate, and even do most of their clothes shopping on the grounds of the institution. Van rides and shopping for shoes represents the only activities conducted outside a two-square block radius.

On the other hand, at the Christian community, the supported apartment, and the group home, residents all work outside the home, and regularly participate in a variety of other activities away from the home (i.e., social/recreational, church, shopping, etc.).

The fourteenth rating, R 132 (Image Projection of Program Activities and Activity Timing) examines how a program engages its participants in a variety of activities, schedules, and routines that closely match cultural expectations. An important factor here is that routines also allow for flexibility and spontaneity. The Christian community, the apartment, and the group home all follow culturally appropriate and typical routines (i.e., meal times are at typical hours; bed times are a matter of choice, and are again at typical times; etc.). The schedules at the ICF and the SRUs, however, do not follow typical patterns. For example, there is a lot of idle time with nothing to do, or time spent working on "programming" that does not relate to household activities or chores; meals occur at unusual times (i.e., 5:00 dinner at the SRUs); and some program participants were in their nightclothes and ready for bed by 7:00 pm due to lack of anything else to do.

R 142 (Image - Related Personal Possessions) examines the program's support of participants to acquire, manage, and maintain a culturally normative amount of possessions. Such items should be both age-appropriate and valued. For many of the places visited, it was striking how few possessions people had. Many of the mature adults (30-50 years old) could fit all of their worldly goods into a modest sized bedroom and still have space to spare. There are very few typical people who could, or would want to, make the same claim. Some individuals did own a few major items such as stereos, portable TVs, some bedroom furniture, or a radio. At the SRUs, many of the bedroom closets

were almost empty. Observers saw at least one laundry room half full of broken articles (lamps, a TV, radios, etc.) that belonged to the residents. No attempt was being made to repair such articles or assist people in learning how to take care of them.

The sixteenth rating is R 1431, Image Projection of Personal Labeling Practices. Staff are expected to address and talk about the program participants in a respectful way, consistent with the participants' ages, communication needs, and cultural norms. Both the Christian community and the apartment programs attained the highest score possible on this rating. At the group home and the ICF, the way that people were spoken to and spoken about included both positive and negative features. It was negative that sometimes adults were spoken of as children (i.e., "the girls"), or adults and children were spoken about in their own presence. However, on the positive side, efforts were also made to speak positivelyof program participants, and to include them in conversation.

According to R 1432 (Agency, Program, Setting and Location Names), the name(s) and acronym(s) of a program and the images evoked by those names should be culturally valued in order to promote a positive social image of the participants. For most of the settings, it was found that the residents' image is neither significantly diminished nor significantly enhanced by the agency, program, setting, or location names. The Christian community was rated higher than the others since it is often referred to by its street address rather than a special program name.

The eighteenth rating, R 144 (Image Projection of Service Funding) deals with the image projection of service funding. The funds (and their sources) used by a program should project an image of the recipients as full members of society who are receiving rightful services. The Christian community scored slightly higher than the others since some of its funding comes from generic sources (i.e., not just for people with developmental disabilities). The SRUs rank lower than all others since their funding is directly linked to the institution.

Finally, R 145 (Image Projection of Miscellaneous Aspects of a Service) includes all other aspects of a service not covered by the previous image-related ratings. These should convey positive messages about the participants' social roles and status. The two places that stand out in a negative sense on this rating are the ICF/MR and the SRUs, where a room in the house may be referred to as the "therapy room," or dinner may be referred to as "feeding time."

Scores for this category of ratings had a range of 471, from a high of +257 to a low of -214. This reflects the largest range in this series of charts. The Christian community and the supported apartment site had scores of +257 and +227, respectively. At the lowest end of the range was the SRU site, which received a score of -214.

Issues of image may be one of the "easiest" to address in residential services. Changes in physical features, relocation to image enhancing neighborhoods, and changes in agency names would all improve scores in this category. Indeed, no setting

was in the range of the lowest possible score (-339), an indication that human service agencies may have become more aware of image issues. Yet, this alone is not sufficient to enhance community integration and quality of life.

Program relevance. This particular subscore contains only one rating: R 231, Program Address of Clients' Service Needs. This rating determines if the program offered is highly relevant to the most significant needs that the participants possess, and which fit into the proper scope of the agency.

According to the PASSING manual (Wolfensberger & Thomas, 1983), a program can be relevant only if the staff can "...clearly and consciously identify...what needs clients have..." and then, based on the appropriate scope of their agency, address those needs that are the most pressing and significant. What individuals truly need--needs that all humans share to feel secure, to belong, to engage in meaningful relationships with others--is often not captured in the mission statements and training goals of most residential facilities.

It is not easy for any group of people to attempt to meet the essential abstract needs of others. This rating addresses the ways in which residential programs attempt meet the needs of the people in those programs. (Chart 11 illustrates that there is little divergence between the five sites and their scores on this rating.)

The SRUs and the ICF each attained the lowest score possible. The shift staffing employed at the ICF and the SRU facility for children makes the establishment of stable, family-

like relationships difficult if not impossible. Frequent staff turnover compounds this problem.

In observing the "formal" programming at the ICF and SRUs, further questions were raised about relevance. At the 12-person facilities we visited (the SRUs), the activities that participants were encouraged to take part in seemed to be meaningless and boring. In one house, the MTV channel blared continuously for the entire five hours of our visit. Those residents who tried to change the channel were yelled at by staff and told to stay away from the TV and sit down.

Although each of these 12-person units were equipped with a large up-to-date kitchen, the residents were not allowed to enter them. In fact, the majority of their meals were delivered by the large institution next door. Only the staff, prohibited by regulations to share the same food or dinnertime as the residents, used the kitchens in order to prepare their own meals.

At the ICF, a staff person attempted to run an "attention span program" with a young boy. On his return from school, this boy was placed on the floor in front of a TV. The TV set was on and he appeared to be watching it. The staff person then started the program. She stood between him and the television, jumped up and down, flapping her arms, yelling at the boy to pay attention to her. He meanwhile spent much of his energy rolling away from her in order to continue watching the program on TV.

Such conditions prevent potential learning opportunities that would enhance the skills of the program participants. "Formal" programming (i.e., the written and 'official' goals for

each individual) seemed to get in the way of learning meaningful skills in a natural context.

The other three sites we visited all achieved the same middle score on this rating. In these settings, a more typical daily routine was followed and many things were taught in naturally occurring contexts. At the Christian community, for instance, one man received a lesson about the concept of privacy. While showing the visitors around his home, a staff person quietly suggested that he not open rooms with closed doors. These were the bedrooms of his housemates who were not home yet... and they might not appreciate their rooms shown to strangers.

Although attempts were made by these three programs to address certain needs of the residents, program relevance in relation to individualized needs was still far from ideal. For instance, at the supervised apartment we learned that all three men do many activities as a group--jogging, cooking classes, and so forth. Such group activities were based more on convenience of staff time and transportation than on a serious attempt to identify and address the actual needs of each person.

A range of 100 points was possible in this category, from a score of minus 50 to a score of plus 50. Two agencies received the lowest possible score on this rating, the ICF/MR and the SRUs. The three other sites all received the middle score of zero. No site received a higher score. This indicates a high degree of relevance is not easily attainable, and that in all settings, even those which are very positive in many respects,

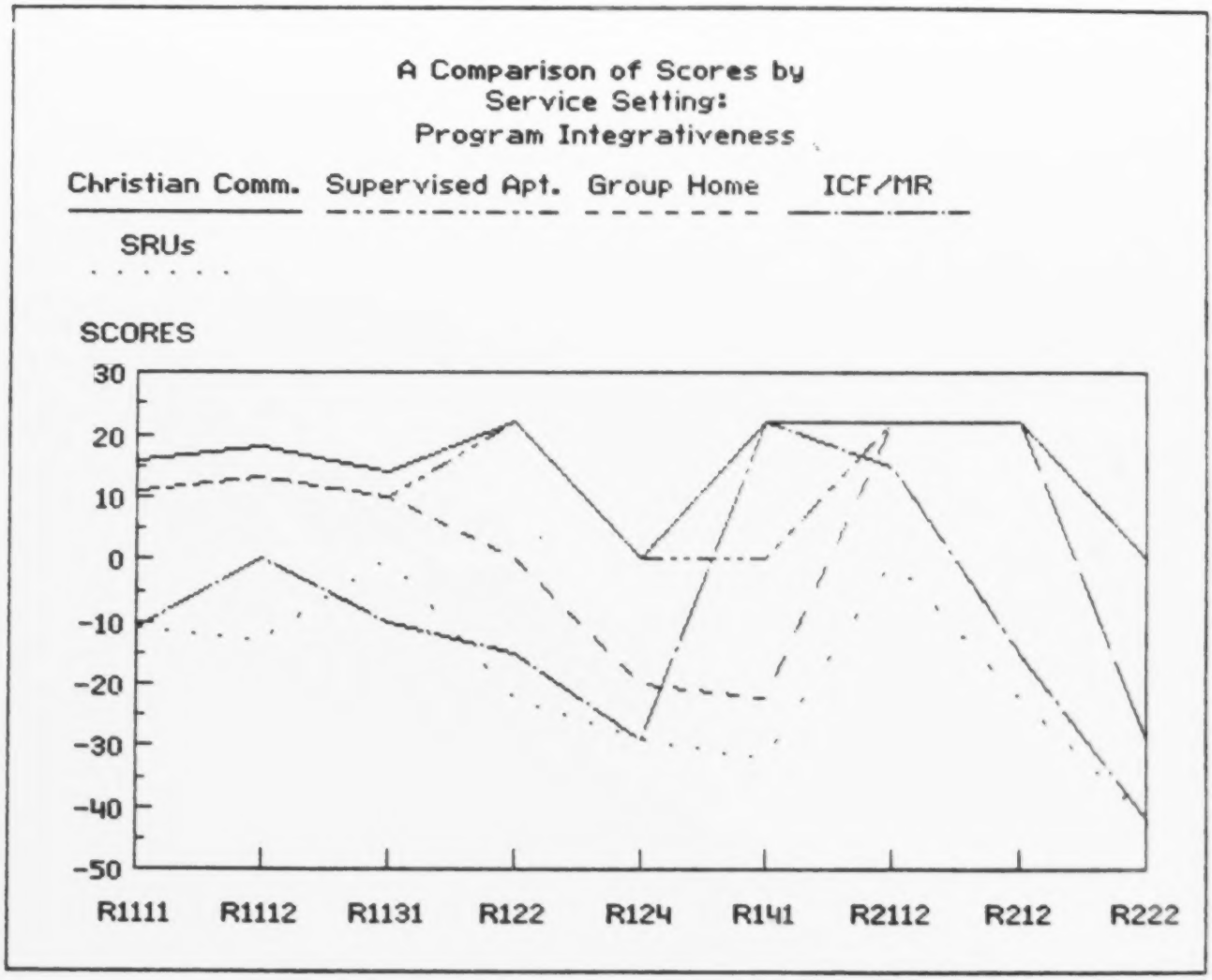
there is need for improvement in identifying and meeting the needs of the people who live there.

Program integrativeness. This subscore is comprised of nine PASSING ratings that attempt to measure the amount and quality of integration that is being promoted by a service provider. Overall, all five programs follow a fairly similar pattern of performance in this area, although some are consistently higher than others.

The first and second ratings (R 1111, Setting Neighborhood Harmony; R 1112, Program Neighborhood Harmony) take into account aspects of the service and how they blend into the surrounding neighborhood. R 1111 compares the physical setting of the house with others in the surrounding neighborhood, and R 1112 compares the nature of the program with the physical setting and nature of the neighborhood. In both cases, the three smaller homes were not purpose-built facilities, but were already existing structures, which fit in well with their respective neighborhoods. On the other hand, the ICF/MR and the SRUs were specially constructed facilities where little apparent consideration of neighborhood harmony was taken into account. The eight buildings (we visited only three) located on state land adjacent to an institution were not part of any already existing neighborhood. Rather, the area was quite distinctive and set apart from the housing development across the highway.

The third rating (R 1131, External Setting Appearance Congruity with Culturally-Valued Analogue) determines how well the exterior of a setting matches the cultural expectations held

CHART 9


A Comparison of Scores by
Service Setting:
Program Integrativeness
Christian Comm.
Supervised Apt.
Group Home
ICF/MR
SRUs
SCORES
30
20
10
0
-10
-20
-30
-40
-50
R1111
R1112
R1131
R122
R124
R141
R2112
R212
R222

for settings that fulfill the same function for valued people. In this area, all five places looked like typical homes. The three, 12-person settings did have some minor but unusual features, such as built-in mental ashtrays next to the front doors. The large parking areas next to the SRUs and the ICF are distinctive, and the ICF, with this parking area and covered passageway in front, could be mistaken for a medical building rather than a house.

Two of the five programs did poorly on the next rating (R 122, Service - Neighborhood Assimilation Potential). This rating examines how well a program maximizes the likelihood that the surrounding typical neighborhood population and its resources will adaptively integrate the program participants. In the case of the eight, 12-person facilities, there were no typical people (aside from staff and occasional visitors) to interact with. The other rural site, the ICF, had a very limited numbers of neighbors. Again, the small homes, located in typical residential neighborhoods, offer their residents more opportunities for contact with valued individuals.

The fifth rating (R 124, Image - Related Other Integrative Client Contacts and Personal Relationships) stipulates that a program should encourage and support personal relationships between program participants and typical people. Further, such interactions should occur in typical settings. All five of the facilities did relatively poorly in the nurturance of such relationships. Aside from a few involved families or long-term friends, most participants spent their time with the residential

staff. That this is the case does not seem to be an issue of concern for the majority of staff that we met. As a rule, little thought is given to whom participants spend time with and are close to. Thus, the 'community programming' in one setting, the SRUs, consisted of half-hour van rides in the surrounding countryside. A positive exception is the Christian community. Here some staff actually make their home in the residence. However, even here, where a great deal of emphasis is placed on relationships, most relationships, for the people with disabilities, are with staff members or other people with disabilities.

In the sixth rating (R 141, Program Address of Client Personal Impression Impact) the goal is to do everything possible so that the program participants' make a good impression on others (i.e., their personal appearance is valued and age-appropriate). Two of the programs, the Christian community and the Community ICF/MR, demonstrated a high level of awareness on this issue while the other three did not. This seems less a consequence of the number of people in the program,and more a result of the orientation of the staff. It is also not solely a matter of financial resources - some of the 'well-groomed' people dressed modestly in nondesigner jeans, cords, t-shirts and sneakers.

The seventh rating (R 2112, Setting Accessibility - Public), considers how convenient and accessible the setting is for members of the public. The more accessible a program is, the greater the possibility of interactions between participants and

the public. All five programs do fairly well, in that they are located near major and convenient transportation routes.

The next to last rating in this cluster (R 212, Availability of Relevant Community Resources) looks at the location of a program in relation to appropriate facilities where program participants can spend their time in the company of typical individuals. Those homes in the urban areas are closer to a wider array of such resources. The two rural programs are geographically isolated and are not even close to the typical services and markets found in rural areas.

The final rating (R 222, Competency - Related Other Integrative Client Contacts and Personal Relationships) examines how a program provides opportunities so that the participants and typical people can spend time with each other in order to develop a variety of relationships. It is striking to see the results in this area. Such relationships may be at the core of achieving integration, and yet, clearly, this is one of the most difficult tasks for program staff. Even in the Christian community, where the staff and residents share extraordinarily close and warm ties, participants have few relationships with other typical people. For virtually all of the program participants that we met, in all settings, the majority of their interactions with nondisabled individuals (other than staff) are fleeting contacts. Yes, they may ride the bus, frequent restaurants, go to movies,and the like. But there are still few intimate andlong-term friendships in their lives with other nondisabled individuals.

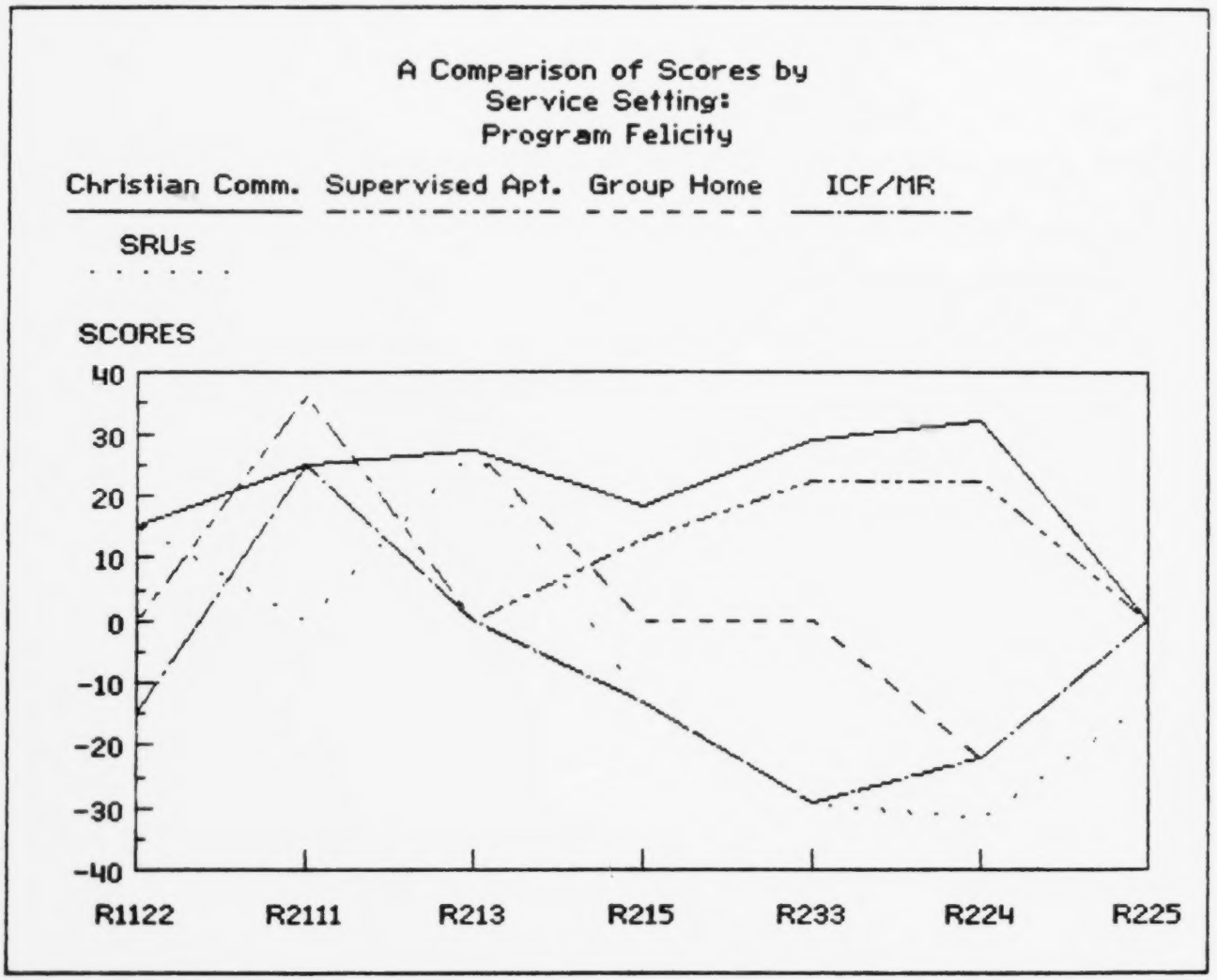
Overall scores on this category ranged from a high of +136 for the Christian community to a low of -171 for the SRUs (out of a possible range of from -217 to +217). Scores for other sites were: +71 for the supported apartment; +7 for the 4-person group home; and -85 for the ICF/MR.

For the highest scoring settings, it was apparent that a great deal of consideration was involved in the selection of location for the service setting in relation to a number of factors which would enhance the potential for integration. The lowest scoring settings, the SRUs and the ICF/MR, were physically distant from community-based service and resources, and there were very limited opportunities for interactions with neighbors and other community members. However, even the higher scoring settings did not excell in this category. The major problem was the lack of social interaction andrelationships for program participants with nondisabled people.

Program felicity. The subscore combines seven ratings considered to have some bearing on the happiness, comfort, and well-being of the program participants. However, it is not assumed that doing well in each of these ratings guarantees happiness for anyone.

The first rating (R 1122, Internal Setting Aesthetics) considers whether the interior of the setting is aesthetically pleasing or not. In this regard, most of the programs do very well. These settings (particularly the Christian community, the group home for women, and the SRUs) had attractive color schemes, furniture, and decor. Pictures and photographs were on the

CHART 10


A Comparison of Scores by
Service Setting:
Program Felicity
Christian Comm.
Supervised Apt.
Group Home
ICF/MR
SRUs
SCORES
40
30
20
10
0
-10
-20
-30
-40
R1122
R2111
R213
R215
R233
R224
R225

walls, throw rugs and carpets on some floors, nice wallpaper, and plants in the windows. The ICF and the supported apartment seemed to direct less attention to this area. Decor at the ICF was relatively bare and plain, while that at the apartment included older furniture and wilted plants. While neither setting was extremely displeasing, neither was the appearance enhanced.

The next rating (R 2111, Setting Accessibility - Clients and Families) attempts to determine if a service is conveniently accessible for the participants and their families. This accessibility may help to contribute to (but not insure) the maintenance of close and warm ties among families. All five of the programs that we visited, even those located in rural areas, are reasonably close to one or a variety of transportation system routes (i.e., car, bus, etc.).

The third rating (R 213, Physical Comfort of Setting) looks at the basic comfort of a service setting. Is the temperature comfortable? What is it like to sit on the furniture or sleep in the beds? Again, all five of the programs scored reasonably well on this dimension; no setting was found to be unpleasant or uncomfortable.

The previous three ratings examine the efforts spent on the location and appearance of the facility itself. The remaining four examine the efforts to make each setting truly a home for the residents. How do the staff and program administrators recognize each person as an individual and help enrich his or her personal and social life? It becomes evident that care in

beautifying an environment does not necessarily lead to the support or recognition of each resident as an individual.

The fourth rating (R 215, Individualizing Features of Setting) examines how the structural aspects of the physical setting promote the individualization and self-expression of participants.

In the large, purpose-built places (SRUs and the ICF) everything was the same. The three, 12-person homes all had the same floor plan. All the women's rooms had the same type of wallpaper. Most of the furniture and even some of the decorations (e.g., pictures and wall hangings) did not vary significantly if at all from one house to the other. In the ICF, there is also great similarity in room design, style of furnishings, and decor.

In contrast, the other settings scored much higher on this rating. In the Christian community, the apartment, and the group home, each resident's room was decorated differently and care was taken to consider personal preferences. Choice of colors and types of furnishings was encouraged.

The fifth rating (R 223, Life-Enriching Interactions Among Clients, Service Personnel and Others) is concerned with the ways in which a program initiates and promotes positive interactions between the participants, staff, and members of the public. There were striking differences between settings.

In the Christian community, staff and participants display warmth, caring, and respect toward one another. They participate in many activities and events together, and share stories and

reminisce together about past vacations and celebrations. In recent years people have traveled to such places as Florida (chosen specifically because it was the lifelong dream of one man to go there), Philadelphia, France, and Canada. Participants, staff, and friends often go out for meals, invite guests over to the house, and attend concerts, movies, sporting events, and other cultural activities.

In contrast, for the adults in one of the 12-person homes, "getting out" in the evening was restricted to the possibility of a van ride for half an hour either just before or after supper. On these excursions, staff told us that they sometimes went for an ice cream, but more often the staff would conduct personal business (i.e., pick up car parts) while the residents waited in the van. Other popular activities included watching MTV or a movie on the VCR.

The ICF also did not do well on this rating. Here, there were so many staff, who were so busy attending to the needs of all the children, that there seemed to be little time for extended interactions. The children's opportunity for positive, enriching interactions with other people outside the house is very limited. Staff vary who they take to the store or for ice cream, so that each child gets a turn to get out a few times a week.

While some effort is made in all settings, by some staff members, to promote positive interactions for participants, there are some factors which impede this. First, the size of the setting plays a role is this area. For the two larger facilities,

both the scope and number of contacts were much less than in the other three sites. For one thing, there are just too many needs to attend to. Second, shift staffing and high staff turnover prevent the many shared experiences of daily life that result in close relationships. Thus, the Christian community and the apartment, with their live-in staff, provide an atmsophere that is more conducive to the promotion and development of positive relationships.

The sixth rating in this category (R 224, Program Support for Client Individualization) focuses on how each program encourages the differentiation of each participant from the others and encourages a person to express his or her unique identity. The variation among the sites is even greater than in the previous rating. Again, at the Christian community, staff members displayed a tremendous awareness about the issue. They never talked about "the residents" but always referred to them by their names. All of their 'programming' (both formal and informal) was based on an incredible amount of knowledge about each of the three participants. As the Director stated, "I have known these three people for ten years now. I know that Tom's idea of a perfect holiday is to sit in front of a cabin by a lake and smoke. Sometimes he'll go fishing. But for Mike, well, he wants to travel and go some place exciting to him." In contrast, in the larger settings (the ICF and the SRUs) the routine was rigid, and there was little if any opportunity to exercise individual choice and preferences. However, size of setting was not the only factor. At the four-person group home,

there was little recognition of each person as a unique individual, with differing needs, desires, preferences, and so forth.

Despite the divergence on the last three ratings, programs all achieved initially the same score on the final rating in this cluster (R 225, Promotion of Client Socio-Sexual Identity). This rating looks at how a service facilitates, encourages, and supports the development of culturally valued and appropriate socio-sexual roles of its participants. This issue is broader than simply the amount of 'sex education' that is provided to people with mental retardation. Rather, it is concerned with the development of a valued appropriate role of participants, as a man, woman, aunt, uncle, son, daughter, boy/girl friend, and possibly as a parent. For many disabled individuals such roles are discourage or even denied. This can foster discomfort, unhappiness, and confusion for participants and inadvertently result in unacceptable assumptions and behaviors (i.e., hugging strangers, etc.).

Although in some cases participants were surrounded with positive role models, none of the programs addressed this issue in a forthright way. The ICF scored lower than other settings on this rating due to its lack of providing appropriate role models; a number of the program participants are male, yet they are surrounded by an almost exclusively female staff.

Chart 10 illustrates Program Felicity, or those seven individual ratings which address aesthetics and physical comfort afforded by the service setting. The highest score in this

category, +146, was received by the Christian community; the lowest was the SRUs at -45. The supported apartment received a score of +94; +45 for the 4-person group home; and -54 for the ICF/MR.

For the SRUs, the ICF/MR, and the group home for women, this was the category in which they attained the highest percentile score. Therefore, similar to program image, program felicity may be more easily attainable than relevance and integration.

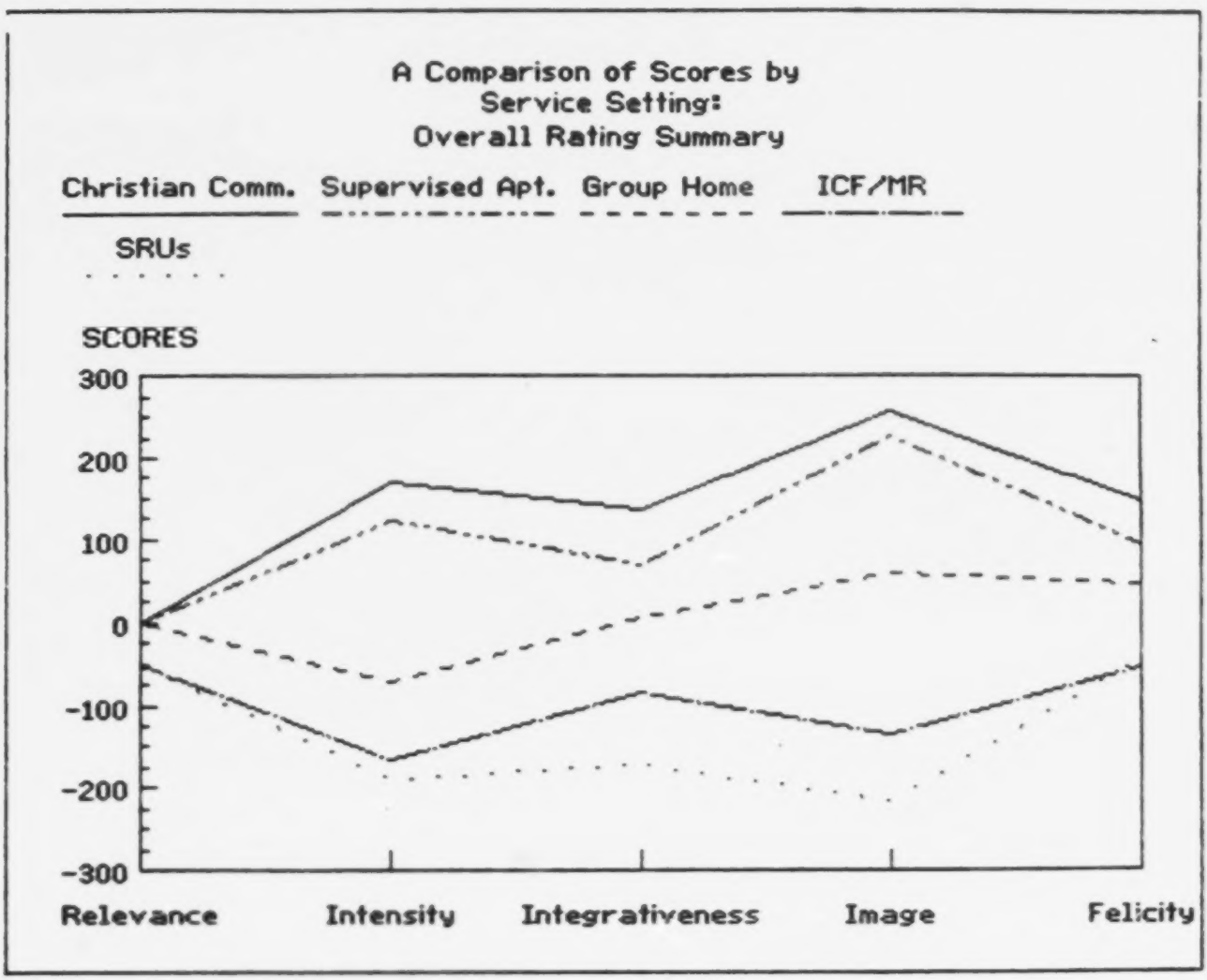
Overall, all five of the programs show no definite pattern. Some do well on certain ratings and less well on others. The Christian community, with three participants and two staff who live in the house full-time, exhibits the most positive and consistent performance.

Summary of PASSING Ratings

Chart 11 provides a compilation of the ratings achieved by the five agencies across the five programmatic subscore areas described in the PASSING scoring guide. Each of the five rating areas is comprised of a number of the individual ratings which related to the general area. The five areas and their maximum and minimum scores are:

Area	Maximum Score	Minimum Score
Program Relevance	+50	-50
Program Intensity	+188	-188
Program Integrativeness	+217	-217

CHART 11


A Comparison of Scores by
Service Setting:
Overall Rating Summary
Christian Comm.
Supervised Apt.
Group Home
ICF/MR
SRUs
SCORES
300
200
100
0
-100
-200
-300
Relevance
Intensity
Integrativeness
Image
Felicity

Program Image Projection	+339	-339
Program Felicity	+206	-206

From an overall perspective, it is interesting to note the patterns of the various scores achieved by the agencies. The two agencies which score the highest overall, the Christian community and the supported apartment, have slightly different scores but almost identical patterns of scores. These two agencies did quite well in Program Intensity and Image Projection, but less well in Program Integrativeness, Program Relevance, and Program Felicity. Even when these scores are adjusted to reflect the percentage of the total possible score for each area, the pattern remains the same.

Conversely, the agencies which did the least well, the SRUs and the ICF/MR, had similar patterns to each other, but the shape of the scores contrasted in an opposite pattern to the higher scoring agencies. The SRUs and the ICF scored lower in Program Intensity and Program Relevance compared to their scores in Integrativeness, Image, and Felicity. It is also important to remember that in addition to the shape difference between the lower and higher scoring agencies, the difference in the scores between the two similar groups is striking. The group home struck a middle ground between the higher and lower scoring agencies.

There may be several reasons for the consistent patterns of the similar-scoring agencies and the differences between the disparate-scoring agencies. It seems that the Christian

community and the supported apartment program concentrated more on programmatic activities such as instruction and outings and on the way the public perceives the residence, than on community integration and comfort of residents. Conversely, programming, either the amount or relevance, received extremely low scores at the SRUs and ICF, while the other areas, especially Image and Felicity were higher by comparison. The reason for higher scores in these two areas indicates that it is easier for an agency to concentrate on upgrading the way a residence looks and the comfort available to the people that live there, than it is to have meaningful programming which results in opportunities for integration.

CONCLUSION

Some major conclusions can be drawn from the PASSING data. First, none of the settings excelled in integration and relevance. There is a need for all programs to direct significantly greater attention to these issues. Staff at the higher scoring settings demonstrated an awareness of the need for integration, but there was still not a high degree of contact with nondisabled people other than staff.

Second, smaller size settings did better than the larger ones. Size seems particularly to affect areas such as "program intensity" and "integrativeness," whereas "felicity" and "image" might be easier to achieve despite larger sizes.

Third, all programs had problems with integration; therefore, having a typical house in a typical neighborhood (i.e., the apartment, the Christian community, and the group home) did not ensure community integration and relationships.

The qualitative descriptions, including information about the lives of the people who live there, and their mealtimes, tell the story, better than the PASSING ratings perhaps, of the vast differences in what life is like for people in these residences; of the differences between "residences," "facilities," or "programs," and that of "home."

Any lingering rationales about certain facilities being needed for certain people with particular disabilities--usually heard in terms of people with more severe disabilities requiring more restrictive placements--can be forever abandoned. We met

people with a wide range of abilities within residential settings; and we met some people living in the community who had more severe impairments than some of those in the SRUs. It is not the level of disabilities which is the barrier; rather, it is program philosophy and practice. If all people with disabilities are to be truly integrated in our society, service agencies must, first, believe that all people should be integrated into the community and, second, accept responsibility for determining out how to achieve this.

Further, it is evident that "community integration" means far more than mere placement in the community. It means having the rights and privileges afforded to all citizens, having opportunities for choice as to where and with whom one lives, and for opportunities for community participation and interaction with nondisabled people on a regular basis. Such integration cannot occur in large group homes or facilities, where many people with disabilities are congregated or clustered together. It also cannot occur where high emphasis is placed on "formal programming," with little emphasis placed on the development of relationships. In contrast, the opportunities for such integration are present when people with disabilities reside in their own homes in the community--children with families, and adults in their own homes (perhaps by themselves, or perhaps sharing a home with one or a few other people); where needs are addressed on an individualized basis; and where people with disabilities are assisted to develop long-term relationships and community connections.

Appendix A: Brief Definitions of the PASSING Ratings

Each of the forty-two passing ratings are listed below with a one- or two-sentence description. This is meant to provide readers with some knowledge of how we characterized the information gathered from the site visits. The PASSING Manual was heavily relied upon in producing this section. For more complete information on each issue and the rationale for its inclusion in the instrument, readers are referred to the PASSING Manual itself.

PASSING ratings are divided into two main sections. The first is concerned with issues primarily related to the social image enhancement of devalued people who use human services. According to Passing, four types of service features can cast images onto the service's users. These features can either positively or negatively affect the perceived image of the service participants. These are: the physical settings and their features, groupings with other people and programs, activities of a program, and the language, labels and other symbols. The 27 ratings in this section delineate a specific service practice in relation to one of the above categories.

11 Image - Related Physical Setting of Service

Several characteristics of the physical setting of a service carry images which convey messages about the social status, roles, competencies, similarity to valued people and other attributes of the program participants. Desirable service

practices are those which enhance the social perception of the participants. There are eleven ratings in this sub-section.

R 1111 Setting - Neighborhood Harmony. The physical setting of a human service should blend in an enhancing way with the surrounding physical neighborhood.

R 1112 Program - Neighborhood Harmony. There should be complete harmony between the nature of a program that is offered and the nature of the surrounding neighborhood.

R 1122 Internal Setting Aesthetics. The interior of the setting should be aesthetically pleasing.

R 1131 External Setting Appearance Congruity with Culturally Valued Analogue. The exterior of a setting should match the cultural expectations held for the exteriors of settings that fulfill the same function for valued people.

R 1132 Internal Setting Appearance Congruity with Culturally Valued Analogue. The design, furnishings, decorations, etc. of the interiors of setting that fulfill the same function for valued people.

R 1141 External Age Image. The exterior of the setting should accurately reflect the age of service participants when possible, the positive aspects of their age identity should be emphasized.

R 1142 Internal Age Image. The inside of a setting should accurately reflect the age of service participants. When possible, the positive aspects of their age identity should be emphasized.

R 1151 Image Projection of Setting - Physical Proximity. A service should be located next and near to other locations which possess positive image associations and do not demean the age image of the program participants.

R 1152 Image Projection - History. The history of a human service should convey positive images about the role, competencies, and social status of its participants.

R 1153 Image Projection of Setting - Other Internal Physical Features. The internal physical features of a setting should convey positive images about the participants' social roles and status, competency, and membership in society.

12 Image - Related Service - Structured Groupings and Relationships Among People

Programs structure relationships among their participants, staff and others. These groupings affect both competency development and social image perception. Desirable service practices are those groupings which are (and are seen to be) the most enhancing of the participants' social image. There are seven ratings in this subsection.

R 121 Image Projection of Program - to Program Juxtaposition. Services for devalued people should avoid locations that are close to other human services for devalued people.

R 122 Service - Neighborhood Assimilation Potential. A service should maximize the likelihood that the surrounding typical neighborhood population and its resources will adaptively integrate and assimilate the program participants.

R 1231 Image Projection of Intra-Service Client Grouping - Social Value. Program grouping of participants should enhance their social image - thus, the less valued members should be the small minority and analogues practices for valued people should be used.

1232 Image Projection of Intra-Service Client Groupings - Age Image. A program should group the people it serves according to cultural norms by age found in similar groupings of valued people.

R 124 Image - Related Other Integrative Client Contacts and Personal Relationships. A program should encourage, support, develop, and structure personal relationships between program participants and typical people. These relationships should take place in typical settings.

R 1251 Service Worker - Client Image Transfer. The personal appearances, histories, social roles, and identities of service workers should be culturally-valued.

R 1252 Service Worker - Client Image Match. The service role and image of workers should match the primary need of those using the program while matching cultural expectations.

13 Image - Related Service - Structured Activities and Other Uses of Time.

If a program is to enhance the social image of the people it serves, it much use activities and schedules that are valued by the culture and encourage participants to do so as well. There are three ratings in this subsection.

R 131 Culturally - Appropriate Separation of Program Functions. Human services should separate the different life functions (i.e., housing, work education, leisure) in ways which match valued cultural practices.

R 132 Image Projection of Program Activities and Activity Timing. A program should engage its participants in activities, schedules, and routines that positively match cultural expectations.

R 133 Promotion of Client Autonomy and Rights. A program should extend, support, and enable the maximum feasible culturally valued rights and autonomy.

14 Image - Related Miscellaneous Other Language, Symbols and Imagery.

R 141 Program Address of Client Personal Impact. The program should do everything possible so that the personal impressions its participants convey are valued and age-appropriate in the culture.

R 142 Image - Related Personal Possessions. The program should support the participants to acquire, manage, maintain and preserve a culturally normative amount of possessions. These should be valued in the culture and age-appropriate.

R 143 Image Projection of Personal Labeling Practices. Service workers should address and talk about the participants in a respectful way consistent with reality, communication needs, cultural norms and the participants' ages.

R 1432 Agency, Program, Setting and Location Names. The name(s) and acronym(s) of a program and the images evoked by the name(s) should be culturally valued in order to promote a positive social image of the participants.

R 1444 Image Projection of Service Funding. The funds, funding sources, labels, etc. of the program should project an image of the recipients as rightful members of society receiving rightful service. Funding appeals should be age-appropriate.

R 145 Image Projection of Miscellaneous Aspects of a Service. All other aspects of a service not covered by the previous twenty-six ratings should convey positive messages about participants' social roles, status and value, competencies, etc.

The second major section of ratings focuses on the personal competency enhancement that program participants receive. This enhancement affects the individuals' quality of life in four ways. The more skilled a person is, the better able she/he will be to function and interact in typical social contexts with valued people. In and of itself, personal competency is a valued

attribute in our culture. Society is more accepting of people seen as competent. This suggests that the more skills a person acquired, the more enhanced her/his status and social role will become. Finally, competency enhancement represents the essential mission of most human services.

21 Competency - Related Physical Setting of Service.

The physical setting in which a service is located can affect the skills and competencies that participants are enabled to develop and maintain. There are six ratings in this subsection.

R 2111 Setting Accessibility - Clients and Family. A service should be conveniently accessible for its (potential) participants and their families.

R 2112 Setting Accessibility - Public. A program should be convenient and accessible for members of the public in order to increase the possibility of interactions with the participants.

R 212 Availability of Relevant Community Resources. A service should be located near and within easy access of a wide variety of relevant community resources used by typical citizens.

R 213 Physical Comfort of Setting. The program should be provided in as comfortable a setting as possible so that the growth and development of participants will be maximized.

R 214 Challenge/Safety Features of Setting. The physical features and major appliances of a program should encourage participants to learn, perform and sustain normative behaviors.

R 215 Individualizing Features of Setting. The structural aspects of the physical setting should elicit and promote the individualization and self-expression of participants.

22 Competency - Related Service Structured Groupings and Relationships Among People.

In every program structure certain relationships between participants, staff, family and members of the public. Some of these structures primarily affect the participants' competencies - the emphasis of the following six ratings. The skills developed by participants are affected by (a) the expectations imposed upon them, and (b) the models of behavior that are provided to the participants.

R 2211 Competency - Related Intra-Service Client Grouping - Size. The number of participants in a grouping should not be too large or too small, so as to promote security, intimacy and well-being, allow for appropriate support of each participant, provide diversity and facilitate interactions of participants with valued people.

R 2212 Competency - Related Intra-Service Client Grouping - Composition. The composition of participant groupings should facilitate their competency development by using the dynamics of role expectancies, imitation and modeling, and the abilities of staff to address specific needs.

R 222 Competency - Related Other Integrative Client Contacts and Personal Relationships. A program should provide opportunities to encourage, support and develop personal social

interactions between participants and valued people in typical settings.

R 223 Life-Enriching Interactions Among Clients, Service Personnel, and Others. The program should initiate and promote positive interactions between the participants, staff and members of the public.

R 224 Program Support for Client Individualization. All programming should encourage the differentiation of each participant from others, and develop and express the individual identity and uniqueness of each participant.

R 225 Promotion of Client Socio-Sexual Identity. The service should facilitate, encourage and support the development and culturally valued and appropriate socio-sexual roles of its participants.

23 Competency - Related Services - Structured Activities and Other Uses of Time.

In order to challenge and support participants to attain higher levels of competencies, the program's activities and schedules must be relevant to the actual needs of the participants, make good use of time and must encourage the use of personal possessions that demand the acquisition and practice new skills. There are three ratings in this subsection.

R 231 Program Address of Participants' Service Needs. The program must be highly relevant to the most significant needs the participants possess and which fit the proper scope of the agency.

R 232 Intensity of Activities and Efficiency of Time Use. The service should make efficient use of program time, provide activities that are intense and challenging, use materials that foster competency enhancement and promote participants to more challenging activities as they acquire more skills.

R 233 Competency - Related Personal Possessions. The service should support, encourage and possibly even provide the participants with their own competency-enhancing personal possessions.